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**Benzo Research  
Project**

# **The Benzo Research Project:** **An evaluation of recreational benzodiazepine use amongst UK young people (18-25)**

*Joanna Bright, AJ Martin, Monica Richards, Marie Morie*

Edited by: Ivan Ezquerra-Romano, Julie Uszpolewicz, Lauren Stewart



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# Contents

<b>Contents</b>	<b>2</b>
<b>1. Acknowledgements and foreword from partners</b>	<b>4</b>
<b>2. Message from the Founder</b>	<b>5</b>
<b>3. Definitions</b>	<b>7</b>
<b>4. Introduction</b>	<b>8</b>
What are benzos?	8
The impact of COVID-19	8
The scope of benzo use and addiction in the UK	9
<b>5. The Project</b>	<b>11</b>
Motivations	11
Project aims	12
Methodology	13
Data Collection	13
Our platform	13
Ethical considerations	14
Data Analysis	15
<b>6. Results</b>	<b>16</b>
Why people submitted	16
Demographics	16
Sourcing and taking benzos	17
Types of benzos taken	17
Age of initial use	18
Frequency of use	19
Social context of benzo use	20
Clubbing and SoundCloud subcultures	20
Sourcing benzos	21
Motivations for taking benzos	22
Mental health and self-medication	23
Anxiety	23
Depression	24
Trauma	24
Insomnia	24
Mental health and benzo use patterns	25
Recreational use and escapism	25
Polydrug use	26

Reasons for polydrug combinations	27
I. Counteracting other drugs	27
II. Interacting with other drugs	28
Experiences while on benzos	28
Functional impairment	28
Blackouts	29
Seizures	29
Changes in mood and behaviour	30
Hospitalisation and overdose	30
Consequences of benzo use	31
Benzo addiction, tapering and recovery	32
Addiction	32
Withdrawal	33
Tapering	34
Recovery	34
Support and services	35
Education and drug policy	37
Current gaps in education	37
Current understanding of harms	38
Education provisions	38
Impact of drug policy legislation on ability to source safe benzos	38
<b>7. Key Takeaways and Recommendations</b>	<b>40</b>
Limitations	42
Directions for future research	43
Widening demographics	43
Looking deeper at benzo types & mechanisms	44
Service provision	44
8. Concluding remarks	45
<b>9. Bibliography</b>	<b>46</b>
<b>10. Appendix</b>	<b>51</b>
A1. Types of benzos	51
A2. Consent form on our platform hosted on Drugs and Me's website	52
A3. Prompt questions asked to participants when submitting testimonies	52
A4. Privacy policy	53
A5. Testimonies	56

# 1. Acknowledgements and foreword from partners

*“Since our first call, the team behind the Benzos Research Project has inspired me with their energy and passion for their cause. The project deeply resonates with me because it reminds me of when I started Drugs and Me, so I’ve been determined to support as much as possible. We have provided the web platform to collect the testimonies and our network to promote the project. I’m excited about the findings because we’ll use their insights to develop digital tools tailored for supporting people who use benzos.”*

Ivan Ezquerra-Romano  
*Director of Drugs and Me and Partner at NeuroSight*

*“This is a vital project and one which I am proud to support. Drug related deaths in the UK are at an all time high and benzodiazepine related harm is increasing. The Benzo Research Project plays a key role in educating a wide range of stakeholders on how serious this issue is and how we can take action to reduce harm. The team have done an incredible job of highlighting the reality of the issue and providing a platform which the whole drug advocacy sector can build upon.”*

Paul North  
*Director of Volteface*

*“Crew 2000 Scotland support the BRP’s peer-led approach to researching living and lived experiences of benzodiazepines among young people in the UK. We know it’s of critical importance to identify the most effective harm reduction strategies and to improve access to support by, with and for young people.”*

Emma Crawshaw  
*Chief Executive Officer of Crew 2000*

*“1625 Outreach (CGL) is a specialist drug information & advice service for young people & young adults. Harm reduction is at the centre of our work, naturally, the report speaks to us. Our aim in collaborating with the Benzo Research Project is to make additional developments in pragmatic approaches to drugs education. The report not only reaffirms our passion & approach, it provides a compelling insight - which we feel will support us in further influencing the sector.”*

Lauren Stewart  
*Project Manager at 1625 Outreach, Change Grow Live and Well-being Lead at Boomtown*

The Benzo Research Project is a student-led group researching recreational benzo use in young people across the UK with the aim of sparking conversation and raising awareness of the emerging issues surrounding this. It was set up in July 2021, and has had over 50 young people volunteering 4,000 hours over 16 months, conducted entirely online via WhatsApp group chats and Zoom calls.

## 2. Message from the Founder

In August 2021, this project was launched to spotlight emerging recreational benzo use amongst young people in the UK. We noticed that young people's voices were often not cited, coverage on recreational use in academia and the media was scarce, and I saw the detrimental impact benzos had on people around me.

I am so grateful to every person who submitted their experiences to us. We have greatly appreciated those who reached out to us directly to provide feedback on our social media content and our outreach strategy for us to implement. Some people found reading other people's testimonies helped them to feel more empowered – this is exactly why this project was set up. Each message like this marks a huge win for us both as volunteers and young people. In a time of increasing division, it is incredible that we continue to work to elevate each other's voices and seek a brighter future.

It is not often that you see a group of students voluntarily give up nearly 4,000 hours over 16 months to work on a project. This report culminates the work of over 50 young people from across the globe: the UK, Ireland, Italy, Germany, Latvia, Poland, Belgium, Iceland, France, spanning abroad to the US, Peru, Indonesia, Egypt, Japan, Cyprus, India, and Malaysia. We also come from a wide range of disciplines: philosophy, politics, economics, pharmacology, biomedical sciences, market research, criminology, English literature, medicinal chemistry, to name a few.

We are united by a desire to see the voices of young people be elevated, heard, and acted upon; for better mental health and drug support to be available to us in an accessible and timely way; for drug users not to be shamed for their use; and to draw attention to key findings on young people's recreational benzo use in the UK, amongst other aims.

Our team and advisors have assisted us with reaching out to young people, safely collecting their experiences, and drawing conclusions on improvements using the voice of young people. A massive thank you to Ivan at Drugs and Me for safely hosting our data collection platform, and for guiding our project strategy. Paul and the incredible team at Volteface helped us to develop a PR strategy, delivering workshops to our team members who then applied these skills. Thank you to Dr Sharon Lambert at University College Cork for introducing us to Alcohol Ireland's online data collection model that we subsequently emulated, and to KCL for awarding £1,000 to this project.

Our social media team has consistently researched and delivered content on mental health topics, project updates, and testimonies collected. We've also conducted an FOI campaign in collaboration with Sky News addressed to all NHS Trusts, ambulance services, and county councils in England and Wales. On our website you will shortly find more information on our FOI questions, spreadsheets with compiled responses, FOI email addresses for future researchers, and our thoughts.

Young people deserve adequate drug and mental health support that is accessible, trauma-informed, and has its delivery programmes reviewed to deliver up-to-date, harm reduction information. With the cost of living crisis, recovery from Covid years with disrupted educational provision, and the effects of Brexit, it is no wonder that drug consumption linked to self-medication for anxiety has increased (EMCDDA 2020).

Throughout the course of this project, we faced many closed doors due to us being students, young people, and not being represented by a university. As such, we've sought to carry out this legwork to pass on the baton to other organisations and individuals to drive change forward.

– Monica Richards

## 3. Definitions

### **What is a ‘benzo’?**

Benzodiazepines, colloquially known as *benzos*, are a class of depressant drugs. Common examples include diazepam (Valium) and alprazolam (Xanax). Street benzos refers to those sourced through illegitimate means, such as from street dealers.

Designer benzos, also known as counterfeit or research benzos, are a subgroup of unlicensed benzodiazepines which lack formal clinical studies.

### **What do we mean by ‘non-medical benzo use’?**

For the purposes of this project, we are referring to the use of any benzos, whether obtained through prescription or not, in any manner other than what has been prescribed by a doctor. This broadly includes recreational use, self-medication, and performance enhancement. Some examples of non-medical benzo use include:

- Taking a higher dose than prescribed by a doctor to feel ‘high’
- Using street benzos to self-medicate, such as to reduce one’s anxiety, help them sleep without doctor supervision, or to cope with trauma.
- Using street benzos for to mitigate the effects of a comedown
- Using street benzos for to increase the synergistic effects of other drugs consumed
- Buying or stealing someone else’s prescription benzos to use for oneself, for example a family member’s prescription

Our focus was on non-prescribed benzos for several reasons: namely due to the widening use of non-prescribed benzos and the lack of academic research in this domain due to the difficulty of accessing this population.

N.B.: Z-drugs are also CNS depressants that differ from the classical benzodiazepine structure, but produce benzo-like effects. For the purposes of this project, Z-drugs were excluded due to a lack of overlap in the two non-medical use populations (Hockenhull et al. 2020).

### **What is ‘harm reduction’?**

Harm reduction is a practical approach to minimising the harms associated with drug use instead of condemning or ignoring them, built on a respect for the rights of people who use drugs. Provision of evidence-based information on drugs allows people to make informed choices which can protect their health and wellbeing. The BRP utilises the principles outlined by the National Harm Reduction Coalition, available at: [harmreduction.org/about-us/principles-of-harm-reduction](https://harmreduction.org/about-us/principles-of-harm-reduction)



## 4. Introduction

### What are benzos?

Benzodiazepines (benzos) are a class of depressant, psychoactive drugs prescribed for anxiety, insomnia, depression, and epilepsy. However, long-term benzo use can lead to the development of tolerance and addiction, with sudden cessation resulting in life-threatening withdrawal symptoms (NIDA, 2020). As such, the National Institute for Health and Care Excellence (NICE) guidelines state that benzos should only be prescribed for short-term periods (2-4 weeks only) for severe anxiety or insomnia (British National Formulary 2022).

Reports suggest hundreds of thousands of patients have been prescribed benzos far beyond the recommended treatment duration (Davies, Rae, and Montagu 2017). This presents a serious public health problem in the UK given the clear guidelines for prescribing benzos for short term use only. Although our research focuses on the recreational use of benzos, it is important to note that the majority of non-prescribed benzos are diverted from legitimate, medical sources (Iversen and Hill 2016; UN Office of Drugs and Crime 2016). Additionally, 29.3% of people having taken benzos under appropriate instruction have also misused the same drug, suggesting a key role for medical professionals in educating those prescribed benzos on their harms if misused (Kapil et al. 2014).

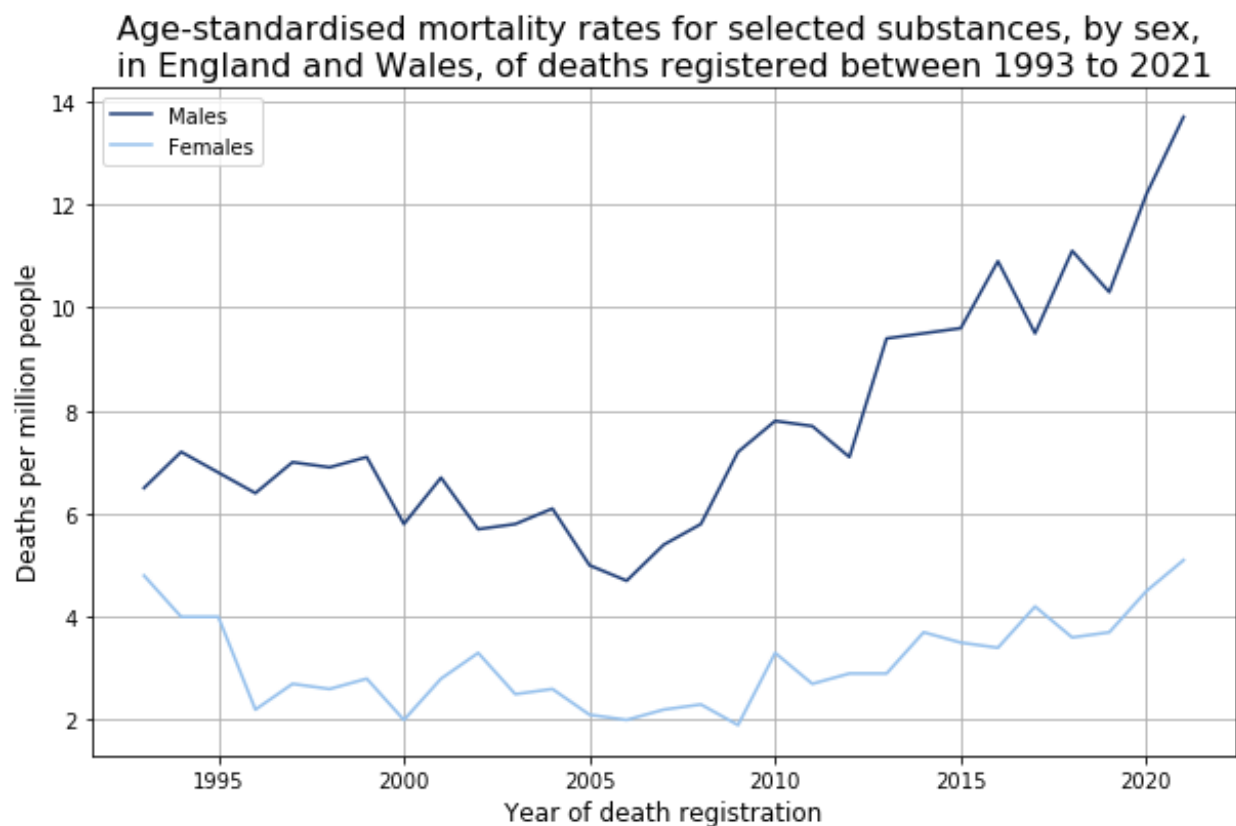
In tandem to this, 'street' or counterfeit benzos are created locally and with unpredictable strengths due to its illicit production (Hofeldt 2021). Consumption of benzos that are impure can lead to memory loss and lasting cognitive impairment, encourages risk-associated behaviours, and a return to insomnia (Hofeldt 2021; National Records of Scotland 2021).

### The impact of COVID-19

The COVID-19 pandemic has led to an increase in severity of mental health problems for young people across the UK, with many citing poor living conditions, increasing living costs and social isolation as key contributing factors. The absence of necessary coping strategies and support systems during lockdowns, including the gym and school, has led people to seek alternatives; 63% of young people have picked up habits they will struggle to stop (Mind 2021). For example, in Brighton, since early 2020 there was a surge in use of fake anti-anxiety drugs being distributed which led to increased hospitalisation and a surge in benzo-related deaths (Press Association 2021). It presents a need to re-evaluate current strategies of tackling benzo addiction to include context-based methods of harm reduction (Jenkins, Slemon, and Haines-Saah 2017), increase educational opportunities, and further encourage NGO outreach strategy development.

## The scope of benzo use and addiction in the UK

Whilst our project did not focus on the prescribed elements of benzo use, it is important to note that various testimonies cited starting recreational use after having been prescribed it, or taken from family members' supplies. This rise in recreational use accompanies a trend within the medical community calling for *deprescribing* benzos and reducing the rate of long-term prescriptions (Wigan Borough CCG 2019; Sarangi et al. 2021), given the extensive risk of dependence and subsequent withdrawal symptoms. Despite this, in 2017 there were over 14 million prescriptions for benzos and Z-drugs in England alone (Warwick Blog 2019).



**Figure 1:** ONS data on benzodiazepine-related deaths between 1993 and 2021 (data from Breen and Butt 2022).

The UK's 10-year drug policy strategy '*From harm to hope*' pledged to break up supply chains, deliver world-class treatment and recovery systems, and reduce demand for recreational use (Home Office et al. 2020). Yet, this year the UK saw the worst figures recorded for deaths relating to drug poisoning since records began in 1993. Cocaine-related deaths increased sevenfold since 2011, rising for the ninth consecutive year (Breen and Butt 2022). Benzo-related deaths in 2021 increased 13% from 2020 (Figure 1), and account for 15.7% of all drug-related deaths. Deaths related to new psychoactive substances in 2021 sharply rose compared to the previous year, with 'designer' benzos, such as flubromazolam and etizolam, contributing significantly (Breen and Butt 2022).


The proportion of young people in treatment for benzodiazepine use problems increased five-fold between 2017 and 2021 (Public Health England 2022). Despite this, the government report cited a drop in the total number of young people in addiction treatment by one-third during this period and 55% since 2009. Additionally, it is estimated that over 600,000 adults in the UK have reported at least one instance of non-medical benzo use within a year (Hockenhuil et al. 2020). The growing use of benzos alongside the decrease in people in addiction treatment indicate a prolonged failure to improve the health and wellbeing of the UK's young people in an accessible way. Reducing prolonged use in adolescence is imperative as continued use of these drugs can lead to detrimental effects on cognition, e.g. potentially increasing the risk of dementia (Billioti de Gage, Pariente, and Bégau 2015; Zhong et al. 2015).

A key component to this failure is the lack of research on the lived experiences of young people who use benzos (Murphy et al. 2018). Understanding the motivations behind non-medical benzo use is important in order to tackle problematic use of the drugs and implement evidence-based, targeted harm reduction techniques with young people.

The number of young people accessing talking therapies is also at a record high, up 21.5% from 2020-21 (Population Health et al. 2022). We believe that there is a close relationship between mental health and drug consumption, with some of our testimonies mentioning self-medication as a coping mechanism, or due to not having received adequate or timely tapering support. The correlation between mental health disorders and substance use is strong and well-researched (Richert, Anderberg, and Dahlberg 2020; Volkow 2022), and therefore needs examining. Young people deserve and urgently require mental health and substance support that is easy to access, with visible outreach campaigns, timely, and person-centred. A person-centred approach involves multidimensional treatment, acknowledging disparities in access caused by “lost family and social support, criminal justice involvement and social marginalisation. However, not all people with problematic substance use follow the same trajectory. Instead, there are individual variations in the personal meaning of substance use, in the intensity and frequency of use, and its associated harms” (Marchand et al. 2018, 1). Psychosocial interventions have also demonstrated to be effective, such as “cognitive behavior[u]ral therapy, motivational interviewing and relapse prevention” (Jhanjee 2014, 112).

# 5. The Project

## Motivations



### Why was the project set up?







 <p>To create a platform for young people to share their experiences, find engaging harm reduction content and drug or mental health support avenues</p>	 <p>To elevate youth perspectives on experiences with benzos, what effective support might look like, and current barriers to access</p>
 <p>To address information gaps and insufficient attention given to qualitative data and lived experiences in existing research</p>	 <p>To form a bridge between, NGOs, policy-makers, academics, and young people who they're addressing</p>
 <p>To increase media coverage of young people's recreational benzo use, where people can find timely support and harm reduction information on safe use</p>	 <p>To fill a paucity of qualitative data to provide a backdrop for all stakeholders, including support services, policymakers, academics, parents, or local governments</p>

Figure 2: Why we were set up

## Project aims

### *(1) Understand young people's motivations for recreational benzo consumption*

We created a space for young people across the country to share their experiences with benzos anonymously to create a better understanding of:

- Why young people take benzos;
- What benefits and harms can arise from benzo use – both to the individual and those around them;
- The level of awareness of pre-existing support networks for people struggling with benzo use;
- What would effective drug support look like;
- The role that education could play in better supporting young people with drug use;
- Whether there's a relationship between benzo use and youth subcultures;
- What further areas of research ought to be conducted in future to better support young people.

In doing so, more data will be made available to incentivise changes to drug policy from a public health and social care perspective. It could also contribute towards increasing treatment adherence levels and further involvement of adolescents with pre-existing NGOs.

### *(2) Connect with NGOs by forming partnerships, hosting regular meetings, and hosting a cross-sector policy debate*

We sought to build a picture of benzo use in the UK from the experiences shared to devise policy recommendations to NGOs. This was to:

- Help them implement more effective and targeted harm reduction strategies and outreach campaigns. For example, via considering Soundcloud subculture as an influencer in benzo consumption, and targeting outreach campaigns accordingly;
- Spread awareness of the growing use of benzos recreationally by young people in the UK, particularly on motivations behind use and what effective drug support looks like to them;
- Host a final report launch event with a cross-sector drug policy debate on '*What should the UK's drug policy look like in future?*' This would include our Outreach team sending out the report, event recording, and a link to our FOI campaign findings to stakeholders.

### *(3) Increase media coverage of young people's recreational benzo use*

We believe that the growing benzo problem in the UK is under-reported, and young people's voices and experiences aren't heard in the conversation; we advocate for journalists to write user-informed, non-discriminatory, and supportive articles so as to not demonise users.

*(4) To create and distribute harm reduction information on Instagram to young people across the UK*

Our social media team has created harm reduction, mental health, and policy-related content on Instagram (@benzoresearchproject), Twitter (@benzoresearch), TikTok (@benzoresearchproject), and LinkedIn (Benzo Research Project). Over the 16 months we have reached over 60,000 unique Instagram accounts, which demonstrates demand for engaging harm reduction content on social media.

## **Methodology**

### **Data Collection**

The Benzo Research Project collected anonymous stories from young people who have had experiences with non-prescription benzodiazepine use - either by taking them or being around those who are using them. This webpage was kindly hosted by Drugs and Me – a social enterprise developing software for safer drug use, publicised by our Outreach and Social Media teams, and submissions were collected between March and September 2022.

#### ***Our platform***

Primarily, we designed our platform as a space for young people in the UK to share their honest experiences with benzos, both positive and negative. This is for people to see that they are not alone in these experiences, and for their thoughts to be utilised to create positive change. The platform is still running and you can access it on: <https://benzoresearchteam.weebly.com/share-your-story.html>

We requested testimonies to be from individuals in the UK who took benzodiazepines between the ages of 18-25 years old. It was highlighted throughout that we did not include medically prescribed benzodiazepines in our testimony criteria.

When submitting, participants could choose to give us demographic information such as city of residence and gender, however this was optional.

More information on the submission process, our privacy policy (Appendix 4) and the consent form (Appendix 3) can be found in the appendix section of this report.

*We compiled prompts for people to answer, if they wished, about their opinions and/or experiences related to benzo use as shown in Figure 3.*

Your story can take any form you'd like, but we have included some questions as a starting point, or loose guide for your submission. It would really help us to know whether you are still using benzos, or how long you were taking them for.

- What is your experience with recreational benzo use? This can be negative/positive, in relation to your own use, or in regards to others taking benzos around you.
- If you are submitting as a benzo user, what motivates you to take benzos? What are you usually doing when you take them?
- If you are submitting as someone who was with someone else who took a benzo, what was your experience like? What visible effects did it have on them, and how did that impact you?
- Have you ever sought support for benzo use or considered it? If so, what did that support look like to you?
- What sort of drug or mental health support from local services would you find useful?
- Have you ever experienced blackouts on benzos?
- Do you think that learning about benzos at school would be useful?
- Do you feel like there is a link between club culture or Soundcloud rappers and benzo use?

The boxes below on demographic information are optional, which would enhance the quality of our research. This information will be shared on the website alongside your testimony and will only be used for research purposes:

**Figure 3:** Screenshot of testimony prompts on the Benzo Research Project platform.

### ***Ethical considerations***

It was imperative for us that we implemented every measure possible to protect those sharing such personal stories on our platform.

- We did not ask for any identifiable information at the point of submission, and we only published fully anonymous submissions, with a manual checkpoint to ensure any potentially identifiable data was removed.
- Our privacy policy can be read in Appendix 3 for all references to data rights and handling.
- When participants submitted testimonies they were offered opt-in/out consent boxes on data use permissions covering publication on the Drugs and Me website, use in research and social media sharing.
- We created an in-depth data-sharing agreement with Drugs and Me, utilising a more secure server (via content manager Strapi) to store submission data. This was screened by Monica Richards to remove identifiable information, our Information Governance Lead, who is trained in GDPR. For example, a testimony (gender and location specified) saying '*I used to visit my city park Wednesday evenings, where me and my mates would take a benzo when skating*' would be screened and changed to '*I used to go to parks with my mates where we'd go skating and take benzos.*'
- We signed Information Governance documents with charity partners
- Any social media or blog posts, or requests from external parties to use our findings are given careful consideration to ensuring our data/findings aren't used to demonise people who use drugs

## Data Analysis

Submitted testimonies for which we had consent to include in research were used in an inductive thematic analysis (Neale 2016). This form of analysis is flexible and allows us to be led by the data rather than researcher preconceptions (Braun and Clarke 2006). Data was analysed by a team of five researchers to avoid rater biases. An overview of the analysis process follows:

1. **Familiarisation:** The research team read through all submitted testimonies to become familiar with the data being shared by participants.
2. **Theme induction:** The team made notes of themes coming up (memos).
3. **Coding:** Each researcher went through the stories and gave recurring themes 'codes'. Coding occurred in iterative cycles, so that codes were condensed and reorganised as more information was added. Each iteration was carried out by a different member of the research team to minimise bias.
4. **Categorisation:** Once the data was coded by each researcher, the codes were grouped into categories and developed into themes. These themes informed the results and discussion of our project.
5. **Summarisation:** Summary statements were written from the quotes in each code. Quantification of the data occurred at this stage and was reviewed by other members of the team.  
*E.g. "Benzos used to counteract stimulant after-effects/comedown (22, 26, 27, 30, 33, 36, 40, 41, 47, 48, 49, 54, 65, 68, 73, 74)", where the numbers represent each testimony that aligned with the statement.*
6. **Analysis statements:** The summary statements in each code were then collated and written in context of the related theme. Relevant quotes were chosen at this stage which spotlighted the experiences of those within said theme.



## 6. Results

We received 74 testimonies before starting the analysis, available for reading online at [www.drugsand.me/benzo-research-project/testimonies/](http://www.drugsand.me/benzo-research-project/testimonies/) (Appendix 5). 73 of these testimonies gave permission for use in research, thus the following analysis was carried out on those submissions. Where quotes are given in the text, they are followed by the testimony number, gender and location of author, if specified, e.g. (#1, Man, London).

### Why people submitted

A key desire of ours was to create a place where people could share their experiences and read about other people's. We had several young people throughout the project reach out to us to say that they had benefited from reading other people's experiences and the harm reduction posts on Instagram.

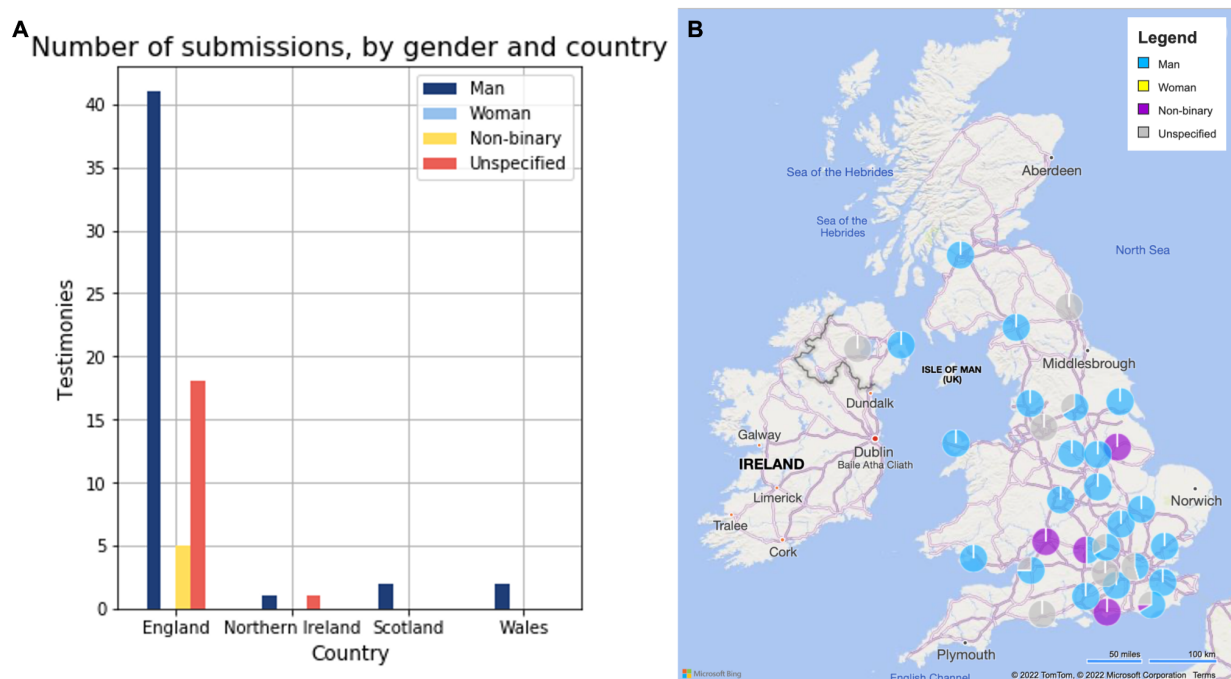
Some participants offered reflections on why they contributed to the Benzo Research Project.

- The most cited reason for submitting was the loss of a long period of one's life to benzos.
- A couple of participants stated they wanted to support harm reduction strategies to help others avoid the experiences they went through, as "*dependency on them is a guaranteed ticket to hell*" (#16 Man, West Midlands).
- Developing an understanding of drug addiction in the context of trauma, without demonising the individual, was mentioned by two participants, and others urged people to seek support for mental health and substance use problems.
- Two participants wanted to caution others about the possible risk factors and consequences of regular benzo use following their own lived experiences: a car accident and a heart attack.
- #73 called on drug addiction to be recognised by society as intimately linked with childhood trauma.
- #42 called on GPs and psychiatrists to be more informed on the risk of prescribing benzos, a sentiment echoed by other testimonies.

### Demographics

When submitting testimonies, people were given the option to specify their gender (Man/Woman/Non-binary/Unspecified), as well as the region in which they live. Interestingly, none of the participants specified their gender as women (figure 4). Furthermore, 92% of testimonies which identified their region resided in England despite higher rates of non-medical benzo use in Scotland than other regions of the UK (Director-General Health and Social Care 2022). As such, our findings can be contextualised as the experiences of predominantly

England-residing young men. Reasons for the demographic disparity of testimony submissions are explored in the *Limitations* section.

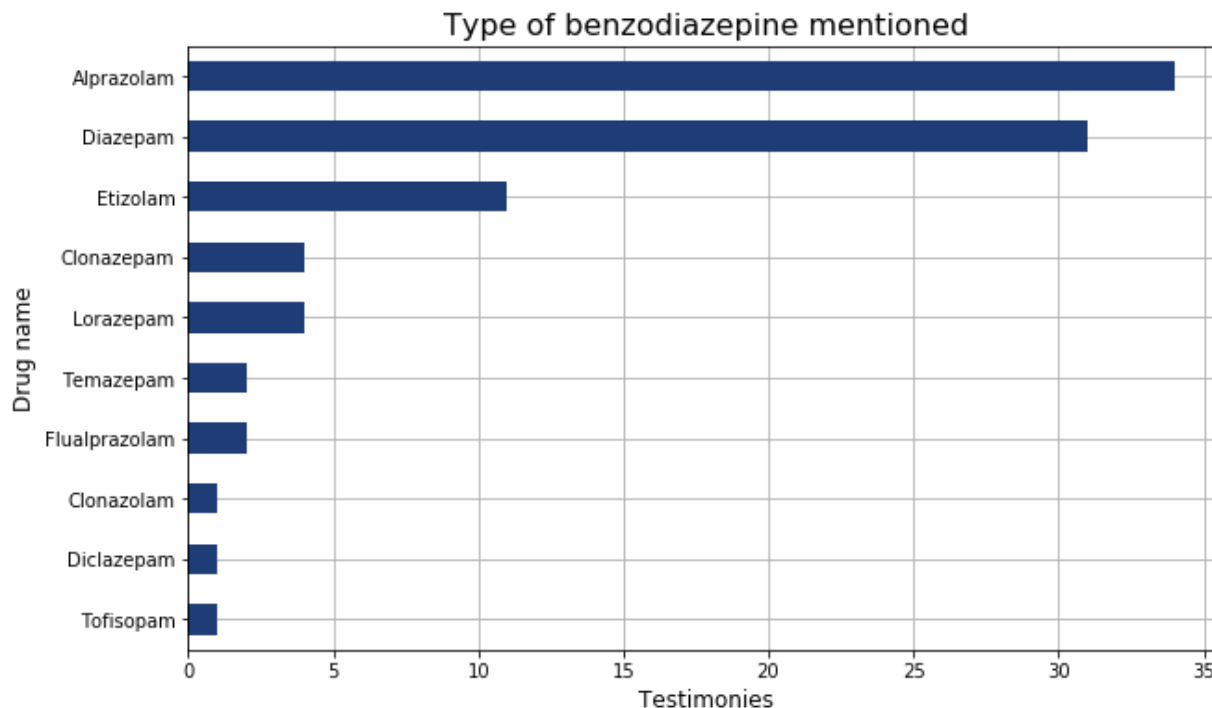


**Figure 4:** Demographics data from our 73 testimonies. A) Bar chart depicting testimony submissions by gender and country; B) Map depicting participant region by county (or country where only this was specified). 3 participants did not specify their region, and were not included in this figure.

## Sourcing and taking benzos

### Types of benzos taken

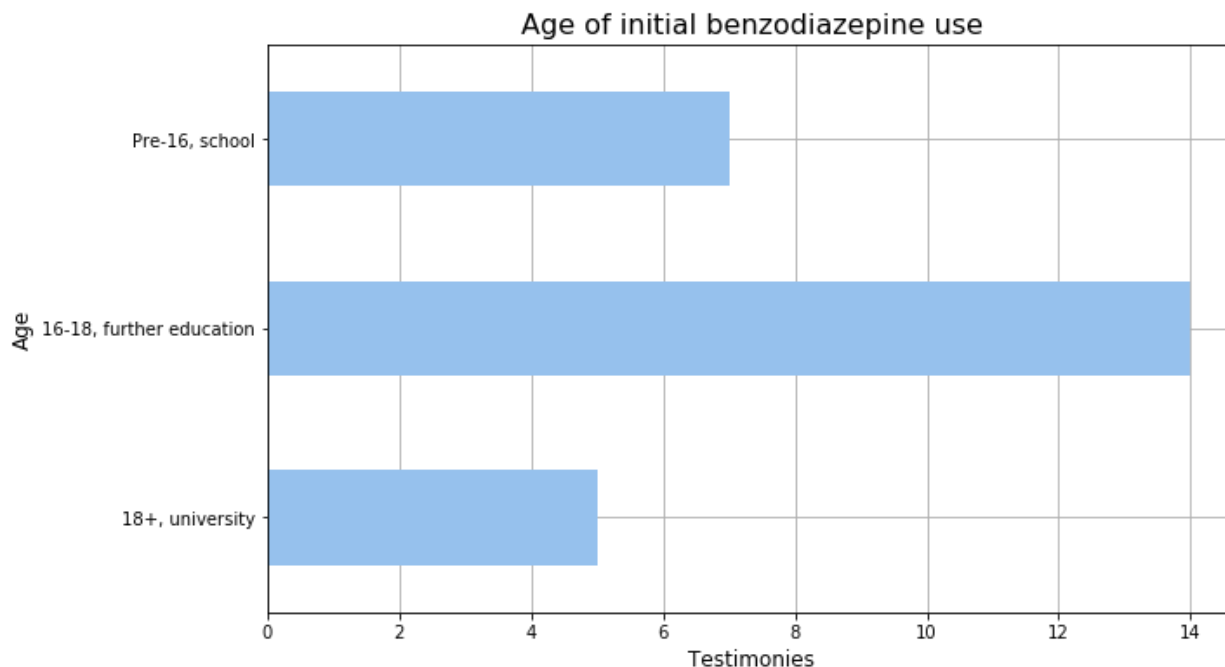
Ten types of benzos were mentioned among testimonies (figure 5). Some are licensed for use in the UK: alprazolam (Xanax, 34), diazepam (Valium, 31), clonazepam (Klonopin, 4), and lorazepam (Ativan, 4). Etizolam, a benzodiazepine unlicensed in the UK with limited safety studies, was the third most commonly mentioned benzo (11). Other benzos mentioned included temazepam, and designer benzos flualprazolam, clonazolam, and diclazepam. Tofisopam was mentioned by one testimony: it is a benzodiazepine chemically, however its mechanism of action is distinct to those discussed in this report (Klebovich and Abermann 1993; Rundfeldt, Socala, and Wlaź 2010).



**Figure 5:** Bar chart depicting the number of testimonies mentioning each type of benzo.

### Age of initial use

The time at which participants used benzos spanned much of the formative years of their late adolescence (figure 6), and explicit lengths of non-medical use reported were between 4-7 years. Exams and university-related stress was a significant factor for several participants in their benzo consumption. Hence, it is vital that secondary school drug education curriculums include benzos to prepare young people prior to exposure.



**Figure 6:** Bar chart of specified age ranges of participants' initial benzo use.

### Frequency of use

Benzo use in participants ranged from a one-off experience to daily or regular consumption, in both solitary and social situations, with friends or partners. Testimonies included reports of weekly, biweekly, monthly, and sporadic consumption.

Frequency of use often increased, sometimes in response to life events such as during university to relieve workload stress, or as a result of a build-up of tolerance – one participant described a progression of use during weekends to daily consumption. Experiences of increased tolerance to benzos were noted in 10% of testimonies, with individuals requiring an increased dosage of benzos to achieve the same effect. This increase was often fast and steep; one participants' building tolerance led to them no longer feeling the effects even after consuming more than three times the initial dose. On the other hand, two participants (#26, #54) reported that during their period of benzo consumption, they did not develop tolerance.

*“It would start with weekends after school then it progressed to weekdays and then even progressed to myself using whilst in school and college.” (#61, Man, Milton Keynes)*

*“I have been taking between a quarter and half ounce a week consistently for almost a year. During this time I have also been taking lots of valium. Not every day but when I do take it I'll take 20-30 in the space of 24 hours easily as my tolerance has built up a lot.” (#3, Man, Cumbria)*

*“I will self medicate (1/2 10mg a month) to relax.” (#60, Gender unspecified, London)*

*“I was in complete denial that I had to stop taking benzos daily for a long time. I'd stopped drinking and was clinging onto a daily dose of valium, convincing myself it was holding my sanity together.” (#42, Gender unspecified, Brighton)*

*“Tried a few times both recreationally and medically.” (#72, Man, Birmingham)*

### **Social context of benzo use**

Social circles were key influences in their benzo consumption. People observed peers' consumption habits to become their norm, and nights out with friends were described as a key setting for benzo use. Multiple participants stated that use of benzos became increasingly commonplace and relatively socially acceptable within their social groups. Individuals stated an increase in all parts of society – benzos being consumed “like Elf bars” (#60, Gender unspecified, London), and becoming “more socially acceptable” (#8, Man, East Sussex) than heroin despite high risks. One person stated being encouraged to take more as “everyone else was doing them” (#53, Man, Cambridge), while another found it difficult to protect themselves when benzo consumption was seen as normal or celebrated by friends.

*“At times they have helped me be social when I would otherwise feel like shutting out the entire world and was still able to enjoy myself, but on the other side I have put myself in some of the worst situations I've ever been in my life because of them.” (#70, Man, Bedford)*

*“My friends started taking them for fun at parties and around other people then very quickly they started to take them more frequently and alone.” (#58, Gender unspecified, London)*

### **Clubbing and SoundCloud subcultures**

14 testimonies directly linked benzo use to **music and clubbing culture**, with mentions of benzo use being tied to mumble rap, grime, garage and bassline genres. Throughout these testimonies, there was a common theme of benzo use within clubbing culture, with benzos being used either during nights out or to ease comedowns from stimulant party drugs.

*“I think the main link to club culture is in the use of benzos to help with stimulant comedowns, in the way I have often used them myself.” (#27, Non-binary, Sleaford)*

Glorification of benzo use within rap lyrics was also highlighted by six testimonies, with four people stating that rap lyrics were seen as an inspiration to experimenting with drugs, normalising benzo use. This echoes existing literature on their association (Palattella 2020). Several young people cited seeking benzos due to connecting with the lyrics that mentioned their use and the “[h]ype of American rappers making out it's a fun thing to do” (#5, Man, London). This is often attributed to SoundCloud rappers – a global music streaming platform for creatives – where ‘mumble rap’ grew as a genre and community (Hobbs 2019; Bright and Nelson 2022).

*“ I do think there is a huge link between SoundCloud rappers and benzo use. I would listen to ‘mumble rap’ all the time at those parties, I liked how the lyrics felt relatable. [...] I don't even like*

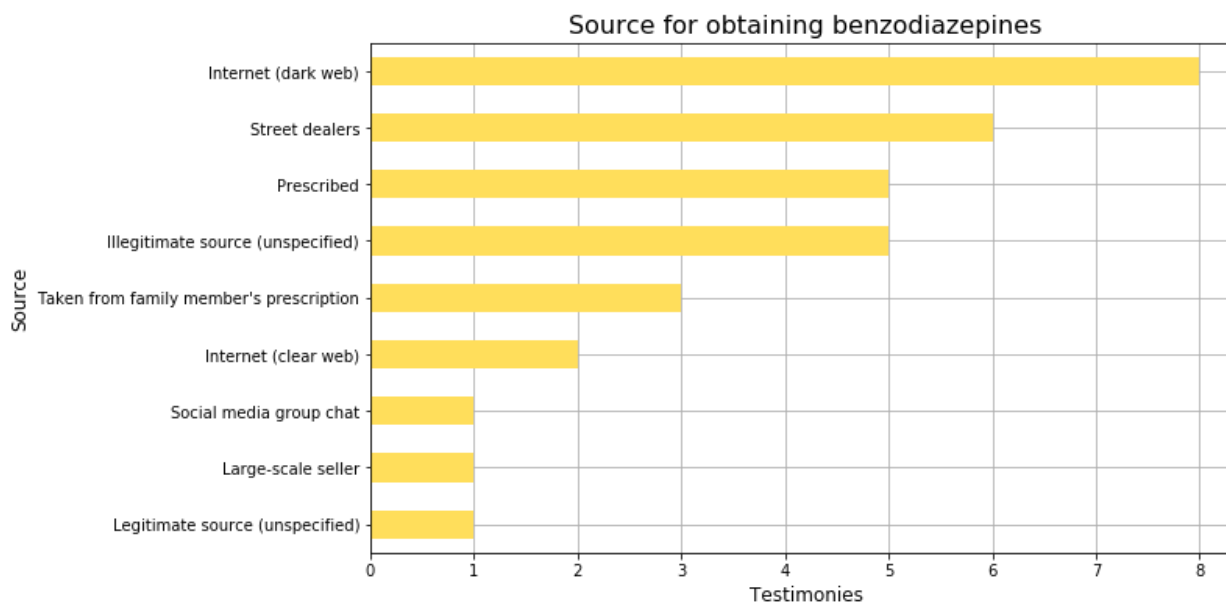
*rap music (as a whole genre) anymore, so I think it was really driven by the benzos/fitting into the group.” (#49, Gender unspecified, Bournemouth)*

Other submissions were less certain of the connection between benzos and rap subcultures, with four people stating there was no link, or that benzo popularity was widespread in society, rather than being restricted to specific subcultures. Four other testimonies stated that there was likely a link, but more information would be needed in order to fully understand the associations.

*“I know for certain that uppers like cocaine and MDMA go hand in hand with benzos speaking from experience needing to take them after a session.” (#29, Gender unspecified, London)*

### Sourcing benzos

32 testimonies reported the sourcing of benzos from a variety of both legitimate (i.e. originally from prescription) and illegitimate (i.e. not likely to be prescription-grade) sources. Figure 7 shows that 25% (8) obtained their benzos from the dark web, followed by street dealers (6) and prescription (5). Others procured benzos from family members who held a prescription, or purchased them on the clear web when research chemicals were legal. After receiving a benzo prescription, six participants went on to use them non-medically; four of these continued to source benzos independently, including from friends, street dealers and the dark web. On the other hand, there were two people that received prescriptions following their non-medical use; one from their GP, and the other in an addiction treatment facility.



**Figure 7:** Bar chart showing mentions of sources for acquiring benzos.

## Motivations for taking benzos

Participants reported benzo use both for self-medication of mental health issues and recreational purposes, including during leisurely activities (such as to unwind before sleeping, at home after a night out, and during lockdown to deal with boredom), as well as active endeavours (such as during nights out, at work, or at school).

*“They’d regularly take benzos at each other’s houses, to ease comedowns and/or to sleep quickly and well after a night out. It’d also be used to break bad psychedelic trips, which they’d do regularly (at least once a week).” (#74, Gender unspecified, Brighton)*

*“I would describe my use of them nowadays as more functional (i.e. serving a particular function) than recreational.” (#30, Man, Glasgow)*

Several testimonies stated that they were first exposed to benzos by prescription, stating that the feeling of relief made them want more. Other reasons for initiation included counteracting stimulant after-effects, emulating the effects of cannabis, using family members’ supplies and COVID-19 lockdown. Unfortunately, one participant first experienced benzos after having their drink spiked with it on a night out. There were multiple accounts of first-time users consuming a significantly larger-than-recommended dose, which resulted in one person being taken to hospital after blacking out in a park.

*“I started taking benzos at 17 when a doctor prescribed diazepam [...] I’d never experienced relief quite like it anywhere else, I knew I needed more.” (#42, Gender unspecified, London)*

### **Mental health and self-medication**

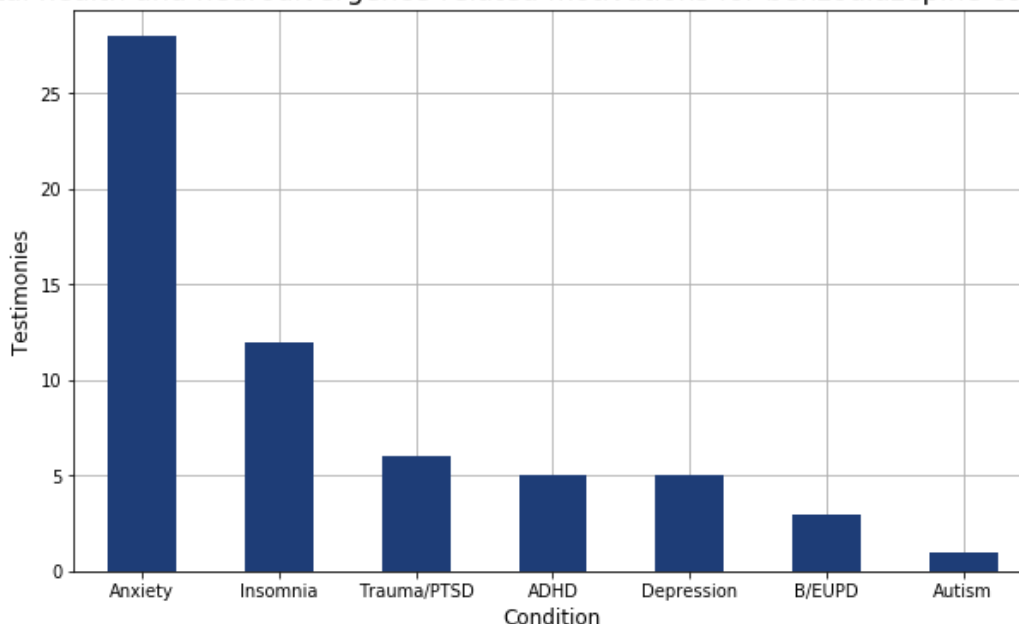
Half of the testimonies submitted described poor mental health or neurodivergence playing a key role in their benzo use, with themes including: anxiety, borderline personality disorder, panic attacks, agoraphobia, dealing with stressful life events, and depression (figure 8). *“All of us had either ADHD, depression, anxiety, autism, PTSD, or all of the above and more. The only thing we had in common was seeking drugs as a coping strategy” (#74, Gender unspecified, Brighton).*

One testimony saw a causal link between their mental state and benzo consumption: *“I was proud I’d reduced to this level but when my mental health declined, my benzo use would increase” (#47, Gender unspecified, Bristol).*

22% specifically mentioned taking benzos as a way of self-medicating. Those who struggled with mental health described benzos as allowing them to function on a daily basis in school or work. Their calming properties, their ability to block out negative thoughts and make life overall more enjoyable made benzos particularly sought after for self-medication: *“I think the reason I take benzos is to block out bad thoughts and bad memories and just generally be able to enjoy*

*life more*” (#3, Man, Cumbria). Some were taking them to help them relax, as a form of escapism or to feel like a better version of themselves.

Mental health and neurodivergence-related motivations for benzodiazepine consumption



**Figure 8:** Bar chart of mental health and neurodivergent conditions mentioned as motivations for benzo use.

### **Anxiety**

Anxiety was a common topic among participants, with 39% of participants mentioning anxiety as a motivation for taking benzos. The anti-anxiety properties of benzos were responsible for their popularity in the latter half of the 20th century for prescribers and patients alike (Martin 2022), and so this theme within our testimonies is unsurprising. Benzos helped relieve stress and anxiety during university, in preparation for job interviews and at work. Many reported complete or partial relief from their anxiety, with others describing a release of tension and loosening up, feelings of euphoria, “pure bliss”, and a sense of freedom to be in an anxiety-free state of mind. *“I like to take a .5 dose when my anxiety is unbearably bad and it makes me feel normal”* (#54, Man, Hull). However other individuals reported feeling numb, and benzos only temporarily took the edge off until the next day.

### **Depression**

Five participants described taking benzos to help with depression, mainly co-occurring with other mental disorders e.g. anxiety and borderline personality disorder. Benzos were described as life-saving when experiencing suicidal thoughts by one person. They also observed that drugs were used as a coping mechanism for those struggling with depression in their social circle.

*“I was depressed and anxious at the time and the benzos took the edge off until the next day”*  
(#39, Man, Bristol)



### **Trauma**

Benzos were used to cope with trauma for five people, with testimonies describing benzo use being both initiated and increased after traumatic experiences. Traumatic experiences covered childhood trauma, school bullying, and extreme trauma in the close family. *“I just had an epiphany that I was doing all these drugs just to run away from my mental illnesses and childhood trauma.”* (#73, Man, London).

### **Insomnia**

Benzos were used for insomnia or general sleep problems by 25 participants, often by directly inducing sleep but also by improving mental health or anxiety symptoms which would otherwise impair their sleep. *“When I took Xanax I could finally sleep, and my body and muscles no longer felt so uncomfortably tense.”* (#26, Gender unspecified, London).

*“I’ll probably take it this summer to sleep at festivals as it’s harder to sleep then.”*  
(#40, Gender unspecified, Buckinghamshire)

### **ADHD**

Attention deficit hyperactivity disorder (ADHD) was mentioned in five testimonies. Three people suggested their condition contributed to their benzo use, alongside grief and mental health difficulties. A further two testimonies described taking prescription benzos with their stimulant medication: one person used alprazolam to cope with after-effects (‘the comedown’) from abusing their medication, while the other was co-prescribed clonazepam and methylphenidate (Ritalin).

### **Mental health and benzo use patterns**

Some participants described their current benzo use (at the time of submission) as occasional, taking them as a last resort, to cope with anxious episodes and panic attacks. In addition, a couple of people recognised that their poor mental health made benzos harder to resist or feel more addictive. This may indicate greater vulnerability to dependence in anxious populations, mirroring the double-edged sword that benzos present in anxiety disorder treatment.

### **Recreational use and escapism**

Over 20% of participants reported taking benzos recreationally. Recreational scenarios varied greatly: multiple described this as simply enjoying themselves, with friends or partners, on nights out, at night to relax, and at house parties.

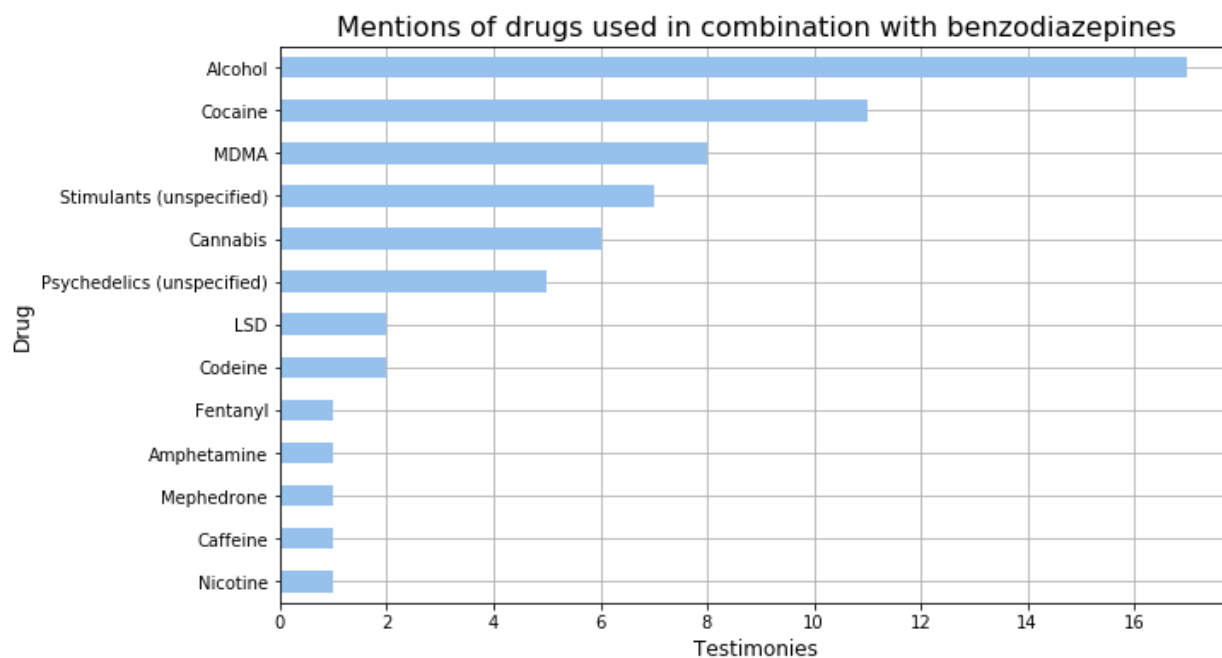
15% of testimonies mentioned using benzos as a way of escaping reality, either by blocking out life stressors or relieving boredom, particularly during the COVID-19 pandemic and resulting lockdowns. *“It provided me with instant relief: the spiralling stopped, as did the crying and self-loathing. It can provide a beautiful break from your headspace.”* (#73, Man, London). The pandemic brought unprecedented stressors upon young people, and using drugs became a source of entertainment or escape for many—one individual specified consuming benzos for the first time during lockdown. Reasons for taking benzos included: stress brought on by the

pandemic, boredom during isolation, loss of family members while managing university, unemployment and the cost of living crisis.

*“I was so bored all the time and I had nothing to do at night so I just either smoked or took Xanax to force myself to sleep early. This was when I was living alone during lockdown and didn't see anyone for weeks.” (#26, Gender unspecified, London)*

The affordability of benzos while providing a strong effect appears to be a motivation for participants' consumption of benzos. Several participants described benzos as cheap – *“they were cheap as chips and came in bulk”* (#60, Gender unspecified, London), with people purchasing larger quantities after an initial experience due to its low cost. One testimony (#68, Man, Liverpool) detailed purchasing one gram of Xanax on the internet for £80, enough for at least 500 doses. Due to their cheap cost, benzos are seemingly often bought in large batches. There were also mentions of mixing benzos with alcohol to produce a stronger intoxication effect whilst avoiding the high cost of alcohol.

## Polydrug use



**Figure 9a:** Bar chart of individual drugs mentioned in combination with benzos.

Benzo use was mentioned in conjunction with other drug use in 45% (33) of all testimonies submitted. As shown in Figure 9, the most commonly used drug with benzos was alcohol. This combination led to blackouts, risky sexual behaviour and seizures in many people. The resulting impairment of judgement is highlighted by a testimony that reported benzos giving them delusions of being sober, which led to more consumption of both alcohol and benzos.

*“I had no idea how lethal a combination of Valium and alcohol could be, having drunk heavily on them many times” (#7, Man, London).*

Stimulants (including cocaine, MDMA, amphetamine, mephedrone, caffeine and unspecified stimulants) were the most common drug class taken in combination with benzos among participants, consistent with a previous study highlighting non-medical benzo use in the UK was most common among those who used illicit stimulants (Hockenhull et al. 2020).

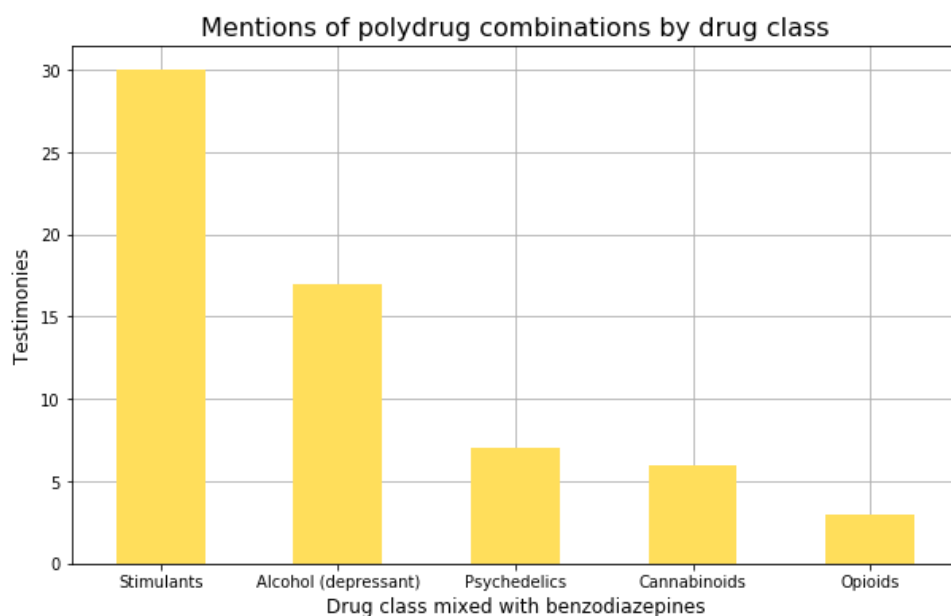
Five testimonies reported mixing weed with benzos, which was described as a positive experience for one. However, others stated that the combination impaired their balance and led to blacking out.

Three testimonies reported combining benzos with codeine, and two with fentanyl. However, there was also a mention of Xanax being unknowingly cut with fentanyl. These combinations have been described as deadly with overdose happening on multiple occasions. The growth of the online drug market, spurred largely by crackdowns on local supply, has begun to expose the population to adulterants such as fentanyl previously scarce in UK drug supply.

### Reasons for polydrug combinations

Grouping drugs which were used in combination with benzos into classes provided insight into the most common roles that benzos play in polydrug combinations (Figure 9b). Reasons for polydrug use involving benzos fell into two categories:

- I. Benzo used to counteract other drugs (20 testimonies)
- II. Benzo used to interact with other drugs and enhance/change their effects (25 testimonies).



**Figure 9b:** Bar chart depicting mentions of polydrug combinations with benzodiazepines, grouped by drug class.

### **I. Counteracting other drugs**

17 people described using benzos to counteract stimulant after-effects or comedowns, mainly after taking MDMA and/or cocaine. Other people mentioned counteracting effects of amphetamines, mephedrone and caffeine from energy drinks. In these situations, people described benzos helping to facilitate sleep, revive appetite, reduce muscle tension and slow heart rate. Two people stated that stopping stimulant use removed their need to take benzos, suggesting that an understanding of polydrug use is key to targeting successful drug use reduction treatment.

*"Under stimulants everything was so noisy, and Xanax made everything feel more peaceful and quiet. So for a short period of time I began this cycle of stimulants during the day and Xanax at night" (#26, Gender unspecified, London).*

Another popular reason for taking benzos was to cut psychedelic trips short (8 testimonies), often from LSD. Benzos were said to help sober up from a trip, in order to reduce the intensity or transition out of it completely. However, one individual (#41) highlighted that the disinhibition of benzos led to them taking more LSD than intended, which led to a bad trip.

### **II. Interacting with other drugs**

The majority of people describing polydrug use said that they used benzos to interact with other drugs and enhance their effects. Mostly, people mixed benzos with alcohol in order to get drunk faster, to reduce cost on nights out, or to provide a greater feeling of escapism.

Overall, the utility of benzos in polydrug combinations as i) a counteracting agent, and ii) an enhancing agent, provides much needed insight into the current landscape of recreational drug use. Understanding the most common drug combinations and underlying motivations can aid in tailoring both harm reduction strategies and overdose treatment.

## Experiences while on benzos

Positive subjective experiences were explicitly reported by 31% of participants. Feelings of calm and relaxation, euphoria and bliss underpinned an overall sense of wellbeing and a more positive outlook on one's life. The more positive experiences were often attributed to relief from anxiety symptoms.

*"They were good when I first started taking them, made me chilled out, a heavy body and sometimes euphoric like nothing else has" (#46, Man, Anglesey)*

*"When I can find them, either Valium or Xanax they are pure bliss I just sit and watch TV after taking them" (#27, Non-binary, Sleaford)*

On the other hand, negative experiences were reported by 35% of participants. Some people described benzos as “scary drugs”, and expressed regret having taken them. Disinhibition, which is characteristic to benzo intoxication, aided in social settings due to an increased sense of confidence and more carefree mindset. However, in others, this disinhibition and a lack of empathy seemed to contribute to a heightened sense of importance and underpinned much of the antisocial behaviour perpetrated by some participants. Below, we detail some of the key themes arising from discussion of experiences on benzos throughout submissions.

### **Functional impairment**

Benzo intoxication involved an impairment in both cognitive and motor functioning. Several reported exhibiting a zombie-like state, poor memory, avolition, and difficulties speaking, thinking and using a phone. Others experienced drowsiness, sedation and oversleeping. Loss of motor control included clumsiness, loss of balance, difficulty walking and one instance of bed-wetting. Similar issues arose during the withdrawal period of one participant, including an inability to speak or think, dissociation and fragmented memory.

*‘The physical side effects started to mount, starting with drowsiness, forgetfulness, clumsiness, and progressing to the point where I was wetting the bed on a regular basis and falling asleep in inappropriate places’ (#16, Man, West Midlands).*

*“Some people would get aggressive and punch lights in the street. Some would slur their words and just act drunk.” (#14, Man, Brighton)*

### **Blackouts**

Benzo-induced blackouts (amnesia) were reported by 62% (45) of participants, including both single episodes and persistent loss of memory lasting several days, often described as blurry and fragmented. Taking alprazolam (Xanax) or designer benzos, or mixing benzos with alcohol and/or cannabis were all risk factors stated within our testimonies for experiencing a blackout. Acute blackout episodes were reported to last between 10 hours and 4 days, while extended use led to loss of memories spanning months and even years of the participants’ lives. *“I don’t know how many memories or experiences I have lost due to my benzo use back then, but they are parts of my life that I will never be able to get back” (#20, Man, Brighton).* Important events including job losses and periods of their university experience could not be recalled, including one participant stating no recollection of sitting their university exams. While one participant reported feeling like they were on autopilot, others reported acting out of character during their blackout episode. This included stealing, acts of aggression, missing work and drug-driving which led to two people crashing their cars. Others woke up in unknown locations, injured themselves or slept with someone without recollection of the events leading up to such events. Those who recounted events during a blackout were made aware by peers or shown in video footage. Several participants stated blackouts as a reason for ceasing use of benzos.

*“I've had countless blackouts and incredible delusions of sobriety which lead to some of the worst situations of my life. One time my girlfriend called the ambulance on me because I thought I wasn't feeling anything and kept drinking alcohol which could've been fatal. She later told me that I was falling asleep every 2 seconds mid sentence while talking to the paramedics. Whole family was traumatised.” (#41, Man, London)*

*“I have had blackouts and been told stories of me being carried between houses, doing things I'd never do and so on.” (#60, Gender unspecified, London)*

## **Seizures**

Seizures were experienced by eight participants: mainly withdrawal-induced seizures, but others experienced drug-induced epilepsy or seizures as a result of combining benzos and alcohol.

*“I eventually went cold turkey and didn't taper off which resulted in a seizure.[...] If I was educated on drugs, I wouldn't have had a seizure.” (#39, Man, Bristol)*

## **Changes in mood and behaviour**

35% of testimonies included observations of benzos causing changes in mood and behaviour, with many describing themselves as being a different person when using benzos. Most commonly, people reported feeling apathetic or numb, or experiencing intensified aggression. Others mentioned changes in mood including extreme mood swings, being disrespectful to others and disconnected from their loved ones, although the mood changes made another feel at ease.

Benzo use was associated with intense feelings and short-term belief in immunity from consequences of their actions. Many participants stated engaging in risky or illegal behaviours, such as stealing, mixing drugs, gambling, risky casual sex, self harm and a lack of financial responsibility.

*“I started partaking in more risk taking behaviour like casual sex (I didn't do that prior), shoplifting, mixing drugs etc. I feel like my personality and behaviour spiralled out of control but I also felt very numb to what was happening.”  
(#49, Gender unspecified, Bournemouth)*

*“They made me overly aggressive and careless and a few times I'd just walk into shops and full heartedly shoplift walking out with arms full of shit. You have no care for friends or family and can feel no passion for things you love it's so dangerous because you could honestly do anything and half the time not even remotely remember it.”  
(#12, Gender unspecified, South East London)*

## Hospitalisation and overdose

Five participants mentioned hospitalisation after taking high doses of benzos, or after mixing benzos with alcohol. In two of the aforementioned testimonies, the participants have no recollection or memory of hospitalisation.

Benzo overdose was mentioned by five participants, with one individual ending up in a two-month coma. Unpredictability of benzo overdose was observed by one participant, noting that they have seen their peers overdose on lower doses than they would take. Another testimony highlighted the belief that mixing benzos with alcohol, opiates or downers increases the risk of overdose which is not as high on its own.

*“Late 2017 I had a massive wake up call when I overdosed and had a cardiac arrest. I was in an induced coma for two months and remember only the times where I had lucid dreams of where they were changing my lines. Fortunately I pulled through and was able to leave just before Christmas that year.” (#61, Man, Milton Keynes)*

Whilst many testimonies, and thus much of this report, focus on problematic benzo use, it is important to highlight the full range of experiences of benzo use. Several testimonies stated that they did not view their use of benzos as problematic, and some people were comfortable with their infrequent use of benzos.

*“I started because they made me feel normal (self medication) and the feeling was amazing, being care free and it was a feeling I wanted to feel forever.” (#11, Man, Leicester)*

*“Used it in moderation and had a good time. When it ran out I thought: that was fun but didn’t have any compulsion to order again, at least not for a while.” (#65, Man, Surrey)*

## Consequences of benzo use

With benzo use quickly turning into addiction, the drug became inescapable for some. After-effects and acute withdrawal symptoms were reported, including depression, rebound anxiety, and tremours.

The changes in moods and behaviours caused by benzo use had impacted the day-to-day lives of the participants. Issues were commonly experienced in the workplace, including skipping work, visibly poor functioning whilst working, and being suspended or fired. Equally common were issues in education including deterioration of grades, sleeping through school, no recollection of taking exams, and even expulsion from university.

Breakdown of relationships as a consequence of benzo use was a common theme in 15% (11) submissions, whether it be in their romantic, friendship and family connections. Benzo-induced

changes in behaviour often resulted in conflict with family and friends, putting significant strain on these relationships, and in some cases becoming abusive towards those who loved them. As another testimony described it, benzo use made them feel like they did not love anyone except the drug, or that as their behaviour changed, prior friendships no longer mattered as much.

*"I ended up watching the person I loved completely change right in front of me which hurt so much as I often felt responsible and guilty that I hadn't done more to help."*  
(#71, Non-binary, West Sussex)

Five testimonies discussed being around a loved one struggling with benzo addiction, describing feelings of guilt and responsibility for helping their partner through addiction, even when their partner was not willing to receive any support. Witnessing hospitalisation and painful side effects of withdrawal from benzo use similarly had a traumatic effect on family and friends. It is evident that support is needed not only for those with problematic substance use patterns, but also their support network.

The impact of benzo addiction on peer groups was evident. Six people reported being surrounded by people who were addicted to, or regularly used, benzos. A celebration of drug-taking culture within social circles was described, with drug taking becoming a priority over friendship: *"I had seen these guys around me salivating over the thought of taking their next benzo"* (#74, Gender unspecified, Brighton). Two submissions mentioned observing increasing frequency of use and building tolerance in their friend groups, with occasions where friends' addictions led them to take 'harder' drugs. Unfortunately, three participants experienced their peers overdosing, being hospitalised or being arrested by police. Four submissions detailed the heartbreaking loss of members of their friendship group through benzo addiction and overdose, with one group no longer mixing stimulants and benzos after an acquaintance had passed away from the combination.

Five people stated that the negatives associated with benzos outweighed the positives, with one person facing the possibility of losing both their place at university and their life, and another being kicked out of university due to benzo use. Eight reflected remorsefully on events occurring whilst on benzos, feeling embarrassment and regret. These periods of participants' lives were described as terrifying and the worst years of their lives, and several expressed no intention of returning to the drug.



## Benzo addiction, tapering and recovery

### Addiction

A total of 21 participants (30%) discussed experiencing benzo addiction, some moving on to benzos alongside addiction to other drugs such as alcohol and stimulants. Three people stated that they view benzos as more addictive than other substances; one individual testified that they were able to stop using stimulants, but struggled with benzo addiction much more. *“There is an ongoing fight in my mind not to give in to the part of my head that fell in love with it. I didn’t know it was addictive before it was too late.”* (#34, Gender unspecified, Berkshire)

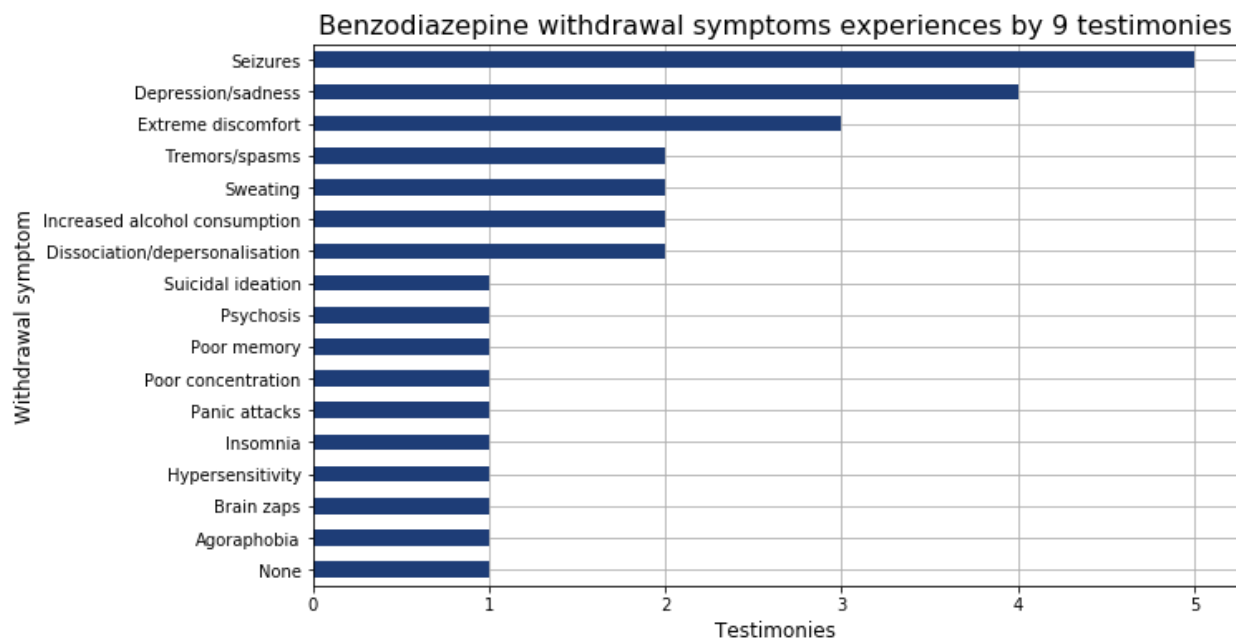
It was apparent that individuals were not aware of the addictive nature of benzos. Two submissions described not knowing they were addictive substances at first, but eventually becoming very conscious of the intense hold benzos had over them.

The high accessibility and low cost of benzos was linked to addiction. Considering the culture which normalises recreational benzo use, these factors could easily lead to dependence. Another prominent factor was a cycle of mental illness leading to addiction, which further increased anxiety due to the inability to stop taking benzos. Moreover, in situations where friends were also addicted to benzos it was observed to become more acute. One testimony mentioned that in their friend group, men encouraged self-medicating using benzos instead of sharing their emotions with one another.

### Withdrawal

Altogether nine participants reported experiencing withdrawals as a result of long term benzo use. Only one participant, despite being addicted to benzos, did not experience withdrawal symptoms after stopping use. Two others mentioned that they also did not experience withdrawals, however no details regarding prior dependence were provided. Those who tried to come off benzos ‘cold turkey’ described painful withdrawal symptoms and seizures.

Most commonly described psychological symptoms of withdrawals were: feelings of sadness or depression, depersonalisation or dissociation, suicidal thoughts, problems with concentration, memory issues, insomnia, psychosis, agoraphobic tendencies and panic attacks (figure 10). Neurological and physiological symptoms were observed such as seizures, tremors or spasms, hypersensitivity and sweating. Overall, withdrawals were described as causing significant discomfort – the acute withdrawal symptoms were so unbearable for one participant that they checked in to a rehabilitation facility.



**Figure 10:** Bar chart showing the most common benzo withdrawal symptoms described in our testimonies.

Seizures were among the most common withdrawal symptoms, and were more likely to occur after sudden cessation of benzo use (a.k.a ‘going cold turkey’). Two participants were aware of this and recommended tapering as a safer option to reduce withdrawal symptom severity.

Participants described struggles with post-acute withdrawal symptoms, such as “*brain zaps*”, i.e. feelings of electric shocks in the brain, ranging from four months to over a year and half since stopping benzo use.

*“It was a constant, inescapable loop [...] The withdrawals were potentially the most traumatic and terrifying experience I’ve possibly ever lived through. They were severe; they induced psychosis and acute panic attacks/ dissociative seizures.” (#42, Gender unspecified, Brighton).*

## Tapering

Ten people described going through the process of tapering to come off benzos, with one person stating it took them 18 months to fully come off the drugs. Generally, individuals found a lack of support with tapering from professional medical services. *‘I am scared of going to the GP to ask for diazepam to taper as I feel I will be rejected and will have to come off of fake (research chemical) benzodiazepines.’ (#11, Man, Leicester).* Many people submitting their stories were informed of the risks of withdrawing without tapering, and referenced online resources such as the Ashton Manual (Ashton 2002), and the Sesh Safety online forum.

## Recovery

Several people discussed their journey to recovery from addiction, ranging from feeling fully recovered, to having quit but still battling with urges, to quitting benzos but increasing their use of other drugs. Multiple people noted that their alcohol or drug use increased once they quit benzos. Some used alcohol to cope with withdrawal symptoms, and one individual (*#49, Gender unspecified, Bournemouth*) increased ketamine use to replace benzos and avoid the negative social consequences of their benzo use.

People described a wide variety of reasons for having stopped taking benzos. 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.

Realising the risk of addiction or other harms played a key role in people deciding to quit, with two people quitting after experiencing a seizure and two more after needing medical attention. Four people discussed stopping after seeing peers struggle with addiction or overdose, and another quit after someone close to them expressed concern. *"Having watched friends go through cycles of addiction, withdrawal and then addiction again, even going so far as to celebrate what was rapidly becoming a heavy benzo taking culture, I slowly started to reduce my intake of the drug"* (*#20, Man, Brighton*). Others highlight that the negative experience of withdrawal prevents them from relapsing.

Difficulty in sourcing benzos, either due to supply issues or increased cost, was another motivation that was described by three individuals. Two people stated that once their mental health improved, they no longer felt the need to take benzos.

## Support and services

A lack of support from professional services was a recurrent theme amongst testimonies, as reported in 16% (12) of testimonies. Participants reported being unable to find support, and being refused help from GPs and mental health professionals, plus difficulty accessing addiction clinics and mental health services, both with extensive wait times. Some participants attributed their reluctance of seeking support to the fear of the consequences. *"I'm now attempting to come off them myself, as admitting to taking them will have my ADHD medication probably revoked"* (*#35, Man, Derbyshire*). Recent statistics from a UK government report suggest this is an increasingly widespread issue, with a 55% reduction in young people accessing alcohol and drug treatment services since 2008-09 (Public Health England 2022).

Three participants encountered negative experiences with mental health services; two stated that mental health professionals refused to provide support, while another asserted that extensive wait times and hurdles led to friends using them as an outlet for their struggles.

Two participants mentioned underfunding of services in contributing to the lack of support they received: *“I believe that this is a direct consequence of systematic underfunding of mental health and drug abuse services”* (#74, Gender unspecified, Brighton).

As a result, individuals resorted to self-regulation and informing of their benzo use, or leaning on friends to support them through their battles with benzos. A few people reported tapering using black-market-sourced benzos without professional supervision, while two participants self-researched drug support and harm reduction advice. Situations like these are an extreme burden on young people who are managing problems they are not equipped to handle, either for themselves or their loved ones.

On the other hand, a couple of participants encountered more positive experiences; one participant received support from a local recovery community to deal with their benzodiazepine dependence, and another participant stated that therapy and drug counselling enabled them to reach a full recovery. The categories of support services mentioned are discussed below.

### ***Non-governmental organisations (NGOs)***

Submissions detailed the support they received from NGOs during their period of recovery, including local recovery communities, online groups, Sesh Safety for harm reduction advice, twitter account @RecoveryPosse and Narcotics Anonymous. Communities in which others struggling with addiction could provide support and understanding were expressed as being an important factor in aiding recovery. *“NA is/was a huge support - it's having understanding from others, and connections with those who have been there”* (#34, Gender Unspecified, Berkshire).

### ***Healthcare providers (NHS and Private)***

Positive and negative experiences of support from healthcare services were identified in testimonies.

Three testimonies expressed positive experiences; e.g. with GP's offering useful information about receiving help for their benzo addiction, or supervised tapering plans with fortnightly check-ins, which allowed those experiencing dependence to come off the drugs safely.

However, negative experiences with healthcare services were far more common, highlighted by eight testimonies. These experiences ranged from a complete lack of support – psychiatrists and GPs refusing to prescribe benzos for tapering – to inadequate awareness of benzo use. Many testimonies suggested a fear of approaching the GP in case of being rejected or having other medication revoked. Participants found that professionals were uninformed of the risks of dependency and long term use, the consequences and side effects of withdrawal, as well as the connection between mental health issues and drug use. For instance, two participants stated that medical professionals were unaware of the Ashton Manual, a guide to tapering that is widely regarded as effective. One participant reported their GP agreeing with tapering, but prescribing tapering plans which were within too short a timeframe to be safe.

*“It seems that professionals: GP's and psychiatrists alike, don't really understand the potential harm these drugs can cause (especially to already vulnerable people)”*  
(#42, Gender unspecified, Brighton)

### **Addiction clinics**

Addiction clinics were not viewed favourably amongst the five testimonies that discussed their experiences with them. Two people reported long waiting times, one experienced difficulty obtaining funding to access rehab centres, and another person expressed concern that their partner was being prescribed benzos for mental health while in an addiction facility.

*“The long waits between appointments, 'inconclusive' urine samples leading to them having to watch me urinate, examining every angle of my life over and over and still refusing to provide reasonable support, left me somewhat traumatised and deflated.”*  
(#48, Man, Belfast).

### **Mental health services**

Three participants encountered negative experiences with mental health services, with mental health professionals refusing to provide support, or extensive wait times and hurdles leading to peers having to support friends alone during their struggles with benzos.

*“The drug and mental health services in my area are awful I've had experience with a few and got absolutely 0 support”* (#27, Non-binary, Sleaford)

Five participants expressed that they had no desire to seek support. This was due to a variety of factors: some did not see their case as serious enough to seek professional drug treatment services, or did not want to stop their benzo use, while some considered themselves self-informed enough about the harms of benzos, and how to quit safely, to not require support. *“[I] never seemed to get withdrawals off stopping use, nor did I ever use very high dosages, mainly because of my knowledge of how the drug impairs you”* (#68, Man, Liverpool).

## **Education and drug policy**

### **Current gaps in education**

In 13 testimonies, there was an emphasis on the vital significance of drug education. *“I think there should be more accessible education on benzos and the dangers of taking them available to young people so fewer bright minds fall down the rabbit hole.”* (#6, Man, Brighton). The lack of education was attributed to the conservative standpoint of policymakers, with one person warning that their inaction to update the drug education curriculum will be to the significant detriment to the health of young people in the years to come.

Worryingly, 21% (15) of people stated either a lack of understanding about the side effects and addictive nature of benzo use, no knowledge of harm reduction or safe consumption practice, or

a lack of awareness regarding the consequences of mixing benzos with other drugs, including alcohol and stimulants. More education around personal tolerance and polydrug use is clearly needed to reduce the risk of overdosing from benzos.

Submissions called for better accessibility to information about benzos, highlighting the scarcity of safety data regarding benzos, and a need to improve our understanding of addiction as a whole, considering the connection between trauma and benzo/drug use.

Several participants lacked basic understanding of the drug class: three people were uncertain about what classifies as a benzo, and three others expressed surprise when realising how harmful benzos can be as well as a described illusion of safety of benzos due to their status as prescription-only medications and, socially, as “anxiety relievers”. Particular lack of awareness arose around the topic of seizures, with one participant suggesting education would have prevented a seizure and another feeling unequipped to help their boyfriend during a benzo-induced seizure. Unfortunately, two participants stated medical professionals did not provide essential information when prescribing benzos and testimonies depict a general lack of awareness of their harms within the medical profession.

More generally, drug education seems to fall short on several scales of harm. A couple participants had a lack of awareness of the dangers of spiking, adulteration, and research chemicals in their supply. Two further individuals cited not knowing the signs of addiction to be wary of and a lack of knowledge of what support would be helpful in the case of developing dependence or addiction.

### ***Current understanding of harms***

Though there was a general lack of knowledge across our testimonies, those who had learnt about the harms of benzos reported safer benzo use. Five participants felt that their benzo use was under control due to education about benzos, though one person lacked this knowledge prior to use. Another participant stated knowledge of benzo-related harms would have prevented them from taking benzos. Control of dosage or frequency of use was a valuable learnt strategy for four participants: one person recommended dosing benzos volumetrically by dissolving them in propylene glycol (PG) as the safest method.

The majority of knowledge of benzo-related harms was acquired through personal experiences. Two people sourced information from online forums, with one citing the harm reduction group Sesh Safety. The Ashton Manual was cited as a helpful resource for those tapering off benzos, though it was noted that prescribers were unaware of its existence. Only one participant was provided harm reduction information in an education setting.

### ***Education provisions***

Given the age range of drug initiation in this sample was around 15-18 years old, high school and colleges seem to be a key site to distribute drug harm reduction information. There was an abundant call for drug education in school, and eight participants highlighted its potential role in harm reduction. Six participants criticised current drug education curriculums for their outdated

abstinence-only strategy as well as omitting benzos to only focus on traditional “hard drugs”. 18% (13) of people submitting stated that education about addiction would be useful. Suggestions included learning to identify warning signs and risks related to habitual drug use as a way to reduce harms and *“prepare people for the inevitable point in their lives when they will come into contact with benzos”* (#20, Man, Brighton). One individual called for education on dealing with emotions and working through trauma as a strategy to rectify the root cause of many addictions. Only 1 of 73 participants stated that they did not see a need for drug education in schools.

### **Impact of drug policy legislation on ability to source safe benzos**

Four testimonies discussed how changes in drug policy and law impacted their ability to source benzos: one participant cited the Psychoactive Substances Act 2016 as diverting them to dark web sellers to manage their benzo withdrawals, while another suggested that new legislation was preventing people from safely tapering off benzos in a supervised manner.

One testimony (#56, Man, Swansea) mentions the impact of the new Psychoactive Substances Act on their sourcing of benzos – the cutting off of legal research chemical sources led to them obtaining from untrustworthy sources such as the dark web or on the street. This has a drastic effect on people’s ability to know exactly what they are taking. For instance, another testimony (#46, Man, Anglesey) described consuming etizolam after purchasing benzos in legitimate-looking packaging labelling the substance as diazepam – this is notable as etizolam is 6-10 times more potent than diazepam (DEA 2020).

Another participant (#68, Man, Liverpool) referred to the recent etizolam export ban from India as stopping benzo sourcing from professional sources with consistent dosages. They observed a ‘boom’ in street sales due to crackdowns on dark web vendors, which they suggested *“mean[t] the dangers of bad street batches are higher”* by incentivising adulteration with fentanyl – a combination that significantly increases the risk of overdose.

Four testimonies discussing drug policy reflected mounting evidence of the negative public health consequences of prohibition-style legislation and abstinence-only education (Drucker 1999; Alonso 2015; Csete et al. 2016): *“Widespread education is necessary. All evidence supports this, yet we still see governments and policymakers choosing to ignore what is causing so many young people long-term psychological and/or physical damage”* (#74, Gender unspecified, Brighton).

## 7. Key Takeaways and Recommendations

- a) *Severe lack of awareness of benzos and associated harms by young people, putting them at higher risk of overdoses, fatalities, and hospitalisations*
  - ↳ Reform drug education curriculums to include prescription medications, including for young people, parents and carers, teachers. This could be via schools, local councils, drug support organisations, or outsourcing.
  - ↳ This curriculum could also include lessons on boosting self esteem and mental health management.
  
- b) *Age of initiation of benzo use between 15-18 years*
  - ↳ Utilise education providers as a key distribution point for (i) drug education, and (ii) information on local mental health and drug support services available.
  - ↳ This could be in the form of harm reduction flyers, which contain information on polydrug combinations to avoid, where to find testing kits, local or national drug support services, mental health support hotlines,
  - ↳ Testing kits to be made available for students to pick up and utilise a discrete testing service.
  
- c) *Lack of knowledge of the dangers of combining benzos with alcohol and other depressants*
  - ↳ Drug education curricula should provide young people with nuance regarding polydrug combinations, empowering them to make safer, more informed decisions.
  
- d) *Common polydrug combinations and use of designer benzos with limited scientific evaluation*
  - ↳ More safety studies needed to investigate designer benzos and common polydrug combinations: particularly benzos and stimulants.
  - ↳ Inpatients presenting with stimulant overdose should be screened for recent benzo use, and vice-versa.
  
- e) *Lack of knowledge on benzo-related harms in the medical profession*
  - ↳ Psychiatrists and GPs must be well-informed on the risks associated with abuse-labile substances before issuing prescriptions;
  - ↳ Prescribers should inform patients of benzo-related risks, side effects, polydrug interactions, and their utility as a short-term relief. Signposting may be more practical with limited appointment time; resources include the @benzoresearchproject Instagram page, [www.drugsand.me](http://www.drugsand.me), and [benzo.org.uk](http://benzo.org.uk).
  
- f) *GPs recommending potentially harmful advice regarding, or refusal to support with, benzo tapering plans*
  - ↳ Utilise best practice principles outlined by the Ashton Manual for tapering; the manual should be immediately available to client-facing medical practitioners and commissioning decision-makers.



- ↳ Prescription medication should be provided for tapering plans due to unregulated illicit supply with varying dosages, purity, and half-lives.
  - ↳ For GP practices to have updated, standardised, judgement-free guidelines when an individual seeks support for their benzo use, addiction, or tapering. Given that most GP appointments are 10 minutes, it is important to get this right. Otherwise, it could put people off seeking future support, or turning to the black market for inconsistent and potentially impure supply.
  - ↳ Utilise social prescribing strategies (NHS England and Personalised Care Group 2019) during and after tapering to support recovery from benzo addiction, particularly for people who use high doses of benzos who are at more risk of relapse (Voshaar et al. 2003)
- g) Common use of designer benzos and polysubstance combinations with limited scientific evaluation*
- ↳ More safety studies needed to investigate novel/unlicensed benzos, polysubstance combinations, particularly benzos and stimulants.
- h) Education not underpinned by harm reduction principles left young people at higher risk of overdoses, hospitalisations, and fatalities*
- ↳ Integrate and promote harm reduction principles in educational settings and with parental guidance, as per a) above. This includes addiction prevention and awareness, overdose first aid plans, and signposting to further drug support services in a visible and accessible form.
  - ↳ PSHE curriculums to include benzos and prescription medication, particularly in areas with higher rates of benzo consumption, referral, or hospitalisation rates. This content should follow harm reduction principles, given the failures of prohibitionist and punitive approaches. For more information on the impact of zero tolerance policies at universities, see HEPI's report (Ozcubukcu and Towl 2022).
  - ↳ Harm reduction leaflets should be distributed around educational provider buildings, making them visible and accessible.
- i) Certain music and clubbing cultures are linked to benzo use in the UK*
- ↳ Design harm reduction and support outreach campaigns with the target demographic in mind. For example, drug support services should be promoted within relevant subculture spaces, such as at mumble rap, grime, garage and bassline music events. Creating links with recording studios and music collectives, particularly in cities with higher rates of benzo use, may increase access to this demographic.
  - ↳ Use audio relevant to these subcultures in online NGO or governmental outreach campaigns, particularly on TikTok and Instagram, to make it more appealing for the target audience.
  - ↳ Further research should be conducted to understand which specific music and clubbing subcultures are associated with higher rates of problematic benzo use. Understanding motivations behind drug use can lead to more targeted support, and can empower individuals to understand themselves.

- j) *Problematic drug use was linked to mental health and trauma in many cases*
  - ↳ Mental health management should be taught to young people in PSHE at secondary school, for example with managing symptoms of anxiety or depression.
  - ↳ Increased funding to improve accessibility to mental health services, striving towards a single point of access model.
  
- k) *People were often unaware of what their supply actually contains*
  - ↳ Fund and create awareness on the availability, dispensing, and development of drug checking reagents and services (e.g. The Loop, WEDINOS)
  - ↳ Increase supply of benzo testing kits that are accessible to purchase. A strong communications campaign on their availability is advisable to maximise impact
  
- l) *Clear link between new prohibitive drug legislation and increasing potency/adulteration of supply. Criminalisation and prohibition measures increase risk and prevent people seeking emergency services and drug support*
  - ↳ Decriminalising benzodiazepines, removing them from their current Class C status.
  - ↳ For local and national governments to consider implementing the 'Iron Law of Prohibition' as an approach to drug policy: a term coined by Richard Cowan, which posits that "the harder the enforcement, the harder the drugs" (Cowan 1987; Mosher and Akins 2007).

## Limitations

Our project has begun to shed light on the lived experiences of young people who use benzos in the UK. However, our findings are limited by the demographics reached, and the current lack of information surrounding benzo types currently accessible to young people.

As shown in the demographics section of this report, our research primarily accounts for the experiences of young men in England, particularly the South. This is where the majority of our team is based, likely skewing the number of people reached towards the South. As such, we are unable to make claims on which area in the UK has higher rates of benzo use amongst young people (18-25). Our data does not, for example, reflect Scotland's high rate of benzo use compared with the rest of the UK.

If any women answered then they excluded themselves, answering with 'Gender unspecified'. There were no testimonies with people identifying as women. Though the ONS benzo-related deaths discussed in the introduction did show higher rates among men, it would be unwise to conclude that young women in the UK do not take benzos non-medically. Nearly a million more women are prescribed benzos than men (Oppenheim 2022), and several of our testimonies suggest prescriptions are a key initiator for non-medical use. The reason for a lack of woman-identifying young people submitting testimonies is likely in part due to the stigma women face regarding their drug use (van Olphen et al. 2009; Lee and Boeri 2017). Greater consequences of their drug use can lead to higher levels of stigma from themselves and their

peers (Moore et al. 2020). Even still, men represented the largest gender demographic in direct opposition to the sentiment that the “prevalence of females who abuse prescription-only medicines is greater than males” (Iversen and Hill 2016, 27). Despite higher rates of non-medical benzo use in Scotland than other regions of the UK (Director-General Health and Social Care 2022), 92% of testimonies which identified their region resided in England. This is likely due to the Benzo Research Project team being based predominantly in England.

There were no guarantees that all of our respondents fitted the eligibility criteria. For example, we received submissions from young men in Brazil and Germany, meaning that they’d misunderstood the ‘UK-based’ criteria. These were not included in our testimonies. However, we implemented strategies to minimise such situations, such as stating clear inclusion criteria on the submissions page, in our outreach campaigns, and targeting social media advertisements within the UK.

Respondents may have not fully disclosed physical or mental conditions that they have. Of those who did, there is a possibility that they have been underdiagnosed or misdiagnosed, which may have had implications on the conclusions we drew from discussions of self-medication of mental health issues with benzos.

Our prompt questions were optional, meaning that not all topics were answered in as much depth as others, particularly on questions regarding Soundcloud rap and what effective drug support looks like to them. As there were no repeat interactions (i.e. people submitted once and there was no further contact afterwards), some statements were too vague to be interpreted without bias and so were omitted when drawing conclusions.

Additionally, the lack of research on etizolam and designer benzos presents difficulty when comparing these experiences with those using diazepam or alprazolam.

## **Directions for future research**

The demographics of our sample leave ample space for future investigation. Future work may seek to cover the following key areas:

### ***Widening demographics***

- Whether there is a gendered disparity with benzo usage (including women, non-binary, men, and trans-identifying people), and how their experiences and motivations for use differ.
- Whether there is a racial disparity with benzo usage, and how their experiences and motivations for use differ.
- The experiences of those outside of England and across a wider age-range. This would provide a more comprehensive overview of non-medical benzo use across the UK.
- The contextual nuances of motivations for benzo use, what effective support would look like, and whether subculture and identity influence benzo consumption. Follow-up studies should seek to investigate a larger sample size, age range and diversity. A

semi-structured interview methodology, similar to Murphy et al. (2018), may allow researchers to clarify ambiguous responses, which we were unable to do.

- How socioeconomic status affects benzo use across the UK, and how their experiences and motivations for use differ. For example, studies on GP prescription rate variation, including Soyombo et al. (2020) concluded that coastal regions and those with a lower Index of Multiple Deprivation (IMD) in the UK showed higher rates of benzo prescribing by GPs.

### ***Looking deeper at benzo types & mechanisms***

- The typical composition of novel, counterfeit benzos that are in distribution across different cities. This way, more information can be gathered on what is in distribution, where public health alerts could be sent out if significant risks are foreseen.
- The impact of polydrug use with benzos and combinations identified in our testimonies, including common counterfeit ones. Understanding the impact of co-administration of benzos and stimulants or psychedelics will aid health workers during instances of overdose, and in developing future harm reduction strategies regarding benzos.
- The mechanisms of benzo-related withdrawals and long-term damage, through neuroimaging studies.

### ***Service provision***

- The success of current strategies across the UK. For example, Scotland has a Drugs Death Task Force, with the Scottish Frontline Network hosting online training and group meetings for frontline workers to share experiences (Hofeldt 2021).
- What young people perceive as effective drug support. We encourage services to produce programmes co-collaboratively, meaning a joint initiative with young people shaping decisions on the design of services.
- How to design and implement an updated best practice framework for benzo tapering for GPs and psychiatrists.
- How effective current local council drug support services and drug education curricula are across the UK. A systematic evaluation would measure their impact on public health measures and ensure they are in-line with evidence-based strategies.

## 8. Concluding remarks

The Benzo Research Project set out to give a voice to young people in the UK who have lived experience of benzodiazepine use, in order to better inform services and schools in their harm reduction tactics. Throughout the project, we have collected over 80 testimonies (and counting) through social media and in partnership with multiple organisations across the UK. This work has captured themes from age of initiation, to experiences such as blackouts and disinhibition whilst on benzos, addiction and withdrawals, and the difficulties faced when trying to access support. This work has already captured public attention, through XX social media posts, national news coverage, and the various partnerships developed throughout this project. We hope that this work can go on to support services to implement more informed methods of educating people exposed to benzos from a young age, plus those who are prescribing or supervising withdrawals.

## 9. Bibliography

- Alonso, Fernanda. 2015. 'Synthetic Drugs: Prohibition's Latest Creation'. *O'Neill Institute for National & Global Health Law* (blog). 8 2015.  
<https://oneill.law.georgetown.edu/synthetic-drugs-prohibitions-latest-creation/>.
- Ashton, C. Heather. 2002. 'Benzodiazepines: How They Work & How to Withdraw'. Benzo.Org.Uk. August 2002. <https://benzo.org.uk/manual/>.
- . 2007. 'Benzodiazepine Equivalence Table'. Benzo.Org.Uk. 2007.  
<https://www.benzo.org.uk/bzequiv.htm>.
- Billioti de Gage, Sophie, Antoine Pariente, and Bernard Bégaud. 2015. 'Is There Really a Link between Benzodiazepine Use and the Risk of Dementia?' *Expert Opinion on Drug Safety* 14 (5): 733–47. <https://doi.org/10.1517/14740338.2015.1014796>.
- Bond, A., and M. Lader. 1982. 'A Comparison of the Psychotropic Profiles of Tofisopam and Diazepam'. *European Journal of Clinical Pharmacology* 22 (2): 137–42.  
<https://doi.org/10.1007/BF00542458>.
- Braun, Virginia, and Victoria Clarke. 2006. 'Using Thematic Analysis in Psychology'. *Qualitative Research in Psychology* 3 (2): 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Breen, Paul, and Asim Butt. 2022. 'Deaths Related to Drug Poisoning in England and Wales: 2021 Registrations'. Office of National Statistics.  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#drug-poisonings-in-england-and-wales>.
- Bright, Joanna, and Zara Nelson. 2022. 'Benzodiazepines and Their Links to UK Youth Culture'. *Volteface: The Benzo Blogs* (blog). 5 December 2022.  
<https://volteface.me/the-benzo-blogs/>, <https://volteface.me/the-benzo-blogs/>.
- British National Formulary. 2022. 'Hypnotics and Anxiolytics | Treatment Summaries'. NICE. 2022. <https://bnf.nice.org.uk/treatment-summaries/hypnotics-and-anxiolytics/>.
- Cowan, Richard C. 1987. 'How the Narcs Created Crack: A War against Ourselves'. *National Review* 38: 26–31.
- Csete, Joanne, Adeeba Kamarulzaman, Michel Kazatchkine, Frederick Altice, Marek Balicki, Julia Buxton, Javier Cepeda, et al. 2016. 'Public Health and International Drug Policy'. *Lancet (London, England)* 387 (10026): 1427–80.  
[https://doi.org/10.1016/S0140-6736\(16\)00619-X](https://doi.org/10.1016/S0140-6736(16)00619-X).
- Davies, James, Todd C. Rae, and Luke Montagu. 2017. 'Long-Term Benzodiazepine and Z-Drugs Use in England: A Survey of General Practice [Corrected]'. *The British Journal of General Practice: The Journal of the Royal College of General Practitioners* 67 (662): e609–13. <https://doi.org/10.3399/bjgp17X691865>.
- DEA. 2020. 'Etizolam'. DEA PRB 03-24-20-11. Drug & Chemical Evaluation Section. DEA Diversion Control Division.  
[https://www.deadiversion.usdoj.gov/drug\\_chem\\_info/etizolam.pdf](https://www.deadiversion.usdoj.gov/drug_chem_info/etizolam.pdf).
- Director-General Health and Social Care. 2022. 'Benzodiazepine Use - Current Trends: Evidence Review'. Evidence Review. Scottish Government (Riaghaltas na h-Alba). <http://www.gov.scot/publications/evidence-review-current-trends-benzodiazepine-use-scotland/pages/3/>.
- Drucker, Ernest. 1999. 'Drug Prohibition and Public Health: 25 Years of Evidence'. *Public Health Reports* 114 (1): 14–29. <https://doi.org/10.1093/phr/114.1.14>.
- El Balkhi, Souleiman, Caroline Monchaud, Frédéric Herault, Hélène Géniaux, and Franck Saint-Marcoux. 2020. 'Designer Benzodiazepines' Pharmacological Effects and

- Potencias: How to Find the Information'. *Journal of Psychopharmacology (Oxford, England)* 34 (9): 1021–29. <https://doi.org/10.1177/0269881119901096>.
- EMCDDA. 2013. 'Benzodiazepines Drug Profile'. European Monitoring Centre for Drugs and Drug Addiction. 2013. [https://www.emcdda.europa.eu/publications/drug-profiles/benzodiazepines\\_en](https://www.emcdda.europa.eu/publications/drug-profiles/benzodiazepines_en).
- . 2020. 'EMCDDA Trendspotter Briefing: Impact of COVID-19 on Patterns of Drug Use and Drug-Related Harms in Europe'. Ad hoc publication. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. [https://www.emcdda.europa.eu/publications/ad-hoc-publication/impact-covid-19-patterns-drug-use-and-harms\\_en](https://www.emcdda.europa.eu/publications/ad-hoc-publication/impact-covid-19-patterns-drug-use-and-harms_en).
- Greenblatt, Dj, Ri Shader, M Divoll, and Js Harmatz. 1981. 'Benzodiazepines: A Summary of Pharmacokinetic Properties.' *British Journal of Clinical Pharmacology* 11 (S1): 11S-16S. <https://doi.org/10.1111/j.1365-2125.1981.tb01833.x>.
- Griffiths, Roland R., and Barbara Wolf. 1990. 'Relative Abuse Liability of Different Benzodiazepines in Drug Abusers'. *Journal of Clinical Psychopharmacology* 10 (4): 237–43. <https://doi.org/10.1097/00004714-199008000-00002>.
- Hobbs, Thomas. 2019. 'Xanax: The Drug That Defined the Decade and Changed Rap'. *Dazed* (blog). 17 December 2019. <https://www.dazeddigital.com/music/article/47214/1/xanax-the-drug-that-changed-rap-lil-peep-juice-wrld-end-of-decade>.
- Hockenhull, Joanna, Joshua C. Black, Colleen M. Haynes, Karilynn Rockhill, Paul I. Dargan, Richard C. Dart, and David M. Wood. 2020. 'Nonmedical Use of Benzodiazepines and Z-Drugs in the UK'. *British Journal of Clinical Pharmacology* 87 (4): 1676–83. <https://doi.org/10.1111/bcp.14397>.
- Hofeldt, Ursula. 2021. 'Supporting Frontline Workers to Respond to the Challenge of Street Benzos'. *Scottish Frontline Network* (blog). 2021. <https://www.frontlinenetwork.org.uk/news-and-views/2021/07/supporting-frontline-workers-to-respond-to-the-challenge-of-street-benzos/>.
- Home Office, Department of Health and Social Care, Ministry of Justice, Department for Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities. 2020. 'From Harm to Hope: A 10-Year Drugs Plan to Cut Crime and Save Lives'. HM Government. <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>.
- Iversen, Les, and Ray Hill. 2016. 'Diversion and Illicit Supply of Medicines'. Advisory Council on the Misuse of Drugs. <https://www.gov.uk/government/publications/diversion-illicit-supply-of-medicines>.
- Jenkins, Emily K., Allie Slemon, and Rebecca J. Haines-Saah. 2017. 'Developing Harm Reduction in the Context of Youth Substance Use: Insights from a Multi-Site Qualitative Analysis of Young People's Harm Minimization Strategies'. *Harm Reduction Journal* 14 (1): 53. <https://doi.org/10.1186/s12954-017-0180-z>.
- Jhanjee, Sonali. 2014. 'Evidence Based Psychosocial Interventions in Substance Use'. *Indian Journal of Psychological Medicine* 36 (2): 112–18. <https://doi.org/10.4103/0253-7176.130960>.
- Kapil, V., J. L. Green, C. Le Lait, C. M. Wood, and P. M. Dargan. 2014. 'Misuse of Benzodiazepines and Z-Drugs in the UK'. *The British Journal of Psychiatry* 205 (5): 407–8. <https://doi.org/10.1192/bjp.bp.114.149252>.
- Klebovich, I., and M. Abermann. 1993a. '[Pharmacokinetics and metabolism of tofizopam (Grandaxin)]'. *Acta Pharmaceutica Hungarica* 63 (2): 83–90.
- . 1993b. '[Pharmacokinetics and metabolism of tofizopam (Grandaxin)]'. *Acta Pharmaceutica Hungarica* 63 (2): 83–90.

- Lee, Nayeong, and Miriam Boeri. 2017. 'Managing Stigma: Women Drug Users and Recovery Services'. *Fusio: The Bentley Undergraduate Research Journal* 1 (2): 65–94.
- Marchand, Kirsten, Scott Beaumont, Jordan Westfall, Scott MacDonald, Scott Harrison, David C Marsh, Martin T Schechter, and Eugenia Oviedo-Joekes. 2018. 'Patient-Centred Care for Addiction Treatment: A Scoping Review Protocol'. *BMJ Open* 8 (12): e024588. <https://doi.org/10.1136/bmjopen-2018-024588>.
- Martin, A. J. 2022. 'Benzodiazepines and Post-War America'. *Volteface: The Benzo Blogs* (blog). 15 June 2022. <https://volteface.me/benzodiazepines-post-war-america/>, <https://volteface.me/benzodiazepines-post-war-america/>.
- Mind. 2021. 'Coronavirus: The Consequences for Mental Health'. London: Mind. <https://www.mind.org.uk/coronavirus-we-are-here-for-you/coronavirus-research/>.
- Moore, K. E., M. D. Stein, M. E. Kurth, L. Stevens, M. Hailemariam, Y. C. Schonbrun, and J. E. Johnson. 2020. 'Risk Factors for Self-Stigma among Incarcerated Women with Alcohol Use Disorder.' *Stigma and Health* 5 (2): 158–67. <https://doi.org/10.1037/sah0000182>.
- Moosmann, Bjoern, Philippe Bisel, and Volker Auwärter. 2014. 'Characterization of the Designer Benzodiazepine Diclazepam and Preliminary Data on Its Metabolism and Pharmacokinetics'. *Drug Testing and Analysis* 6 (7–8): 757–63. <https://doi.org/10.1002/dta.1628>.
- Mosher, Clayton J., and Scott Akins. 2007. *Drugs and Drug Policy: The Control of Consciousness Alteration*. SAGE.
- Murphy, Kevin D., Sharon Lambert, Suzanne McCarthy, Laura J. Sahm, and Stephen Byrne. 2018. "'You Don't Feel": The Experience of Youth Benzodiazepine Misuse in Ireland'. *Journal of Psychoactive Drugs* 50 (2): 121–28. <https://doi.org/10.1080/02791072.2017.1371365>.
- National Records of Scotland. 2021. 'Drug-Related Deaths in Scotland in 2020'. Document. National Statistics. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-event/s/deaths/drug-related-deaths-in-scotland/2020>.
- Neale, Joanne. 2016. 'Iterative Categorization (IC): A Systematic Technique for Analysing Qualitative Data'. *Addiction (Abingdon, England)* 111 (6): 1096–1106. <https://doi.org/10.1111/add.13314>.
- NHS England and Personalised Care Group. 2019. 'Universal Personalised Care: Impementing the Comprehensive Model'. Guidance. Personalised Care. London: NHS. <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>.
- Olphen, Juliana van, Michele J. Eliason, Nicholas Freudenberg, and Marilyn Barnes. 2009. 'Nowhere to Go: How Stigma Limits the Options of Female Drug Users after Release from Jail'. *Substance Abuse Treatment, Prevention, and Policy* 4 (1): 10. <https://doi.org/10.1186/1747-597X-4-10>.
- Oppenheim, Maya. 2022. 'More Women than Men Prescribed Anti-Anxiety Drugs "Harder to Come off than Heroin"'. The Independent. 4 October 2022. <https://www.independent.co.uk/news/uk/home-news/benzodiazepines-more-women-prescribed-than-men-b2184230.html>.
- Ozcubukcu, Arda, and Graham Towl. 2022. 'Illicit Drug Use in Universities: Zero Tolerance or Harm Reduction?' Debate Paper 29. Oxford: Higher Education Policy Institute (HEPI). <https://www.hepi.ac.uk/2022/03/03/illicit-drug-use-in-universities-zero-tolerance-or-harm-reduction/>.
- Palattella, Nina. 2020. "'We All Wanna Die, Too": Emo Rap and Collective Despair in Adolescent America'. BA, Ohio: Kent State University. [http://rave.ohiolink.edu/etdc/view?acc\\_num=ksuhonors1587048361192438](http://rave.ohiolink.edu/etdc/view?acc_num=ksuhonors1587048361192438).
- Population Health, Clinical Audit and Specialist Care Team, NHS Digital, and Sharon Thandi.



2022. 'Psychological Therapies, Annual Report on the Use of IAPT Services, 2021-22'. Psychological Therapies, Annual Reports on the Use of IAPT Services. England: NHS. <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2021-22>.
- Pradel, Vincent, Catherine Delga, Frank Rouby, Joëlle Micallef, and Maryse Lapeyre-Mestre. 2010. 'Assessment of Abuse Potential of Benzodiazepines from a Prescription Database Using "Doctor Shopping" as an Indicator'. *CNS Drugs* 24: 611–20. <https://doi.org/10.2165/11531570-000000000-00000>.
- Public Health England. 2022. 'Young People's Substance Misuse Treatment Statistics 2020 to 2021: Report'. GOV.UK. 2022. <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2020-to-2021/young-peoples-substance-misuse-treatment-statistics-2020-to-2021-report>.
- Richert, Torkel, Mats Anderberg, and Mikael Dahlberg. 2020. 'Mental Health Problems among Young People in Substance Abuse Treatment in Sweden'. *Substance Abuse Treatment, Prevention, and Policy* 15 (1): 43. <https://doi.org/10.1186/s13011-020-00282-6>.
- Rundfeldt, Chris, Katarzyna Socala, and Piotr Wlaż. 2010. 'The Atypical Anxiolytic Drug, Tofisopam, Selectively Blocks Phosphodiesterase Isoenzymes and Is Active in the Mouse Model of Negative Symptoms of Psychosis'. *Journal of Neural Transmission* 117 (11): 1319–25. <https://doi.org/10.1007/s00702-010-0507-3>.
- Rush, Craig R., Stephen T. Higgins, Warren K. Bickel, and John R. Hughes. 1993. 'Abuse Liability of Alprazolam Relative to Other Commonly Used Benzodiazepines: A Review'. *Neuroscience & Biobehavioral Reviews* 17 (3): 277–85. [https://doi.org/10.1016/S0149-7634\(05\)80011-9](https://doi.org/10.1016/S0149-7634(05)80011-9).
- Sanna, Enrico, Fabio Busonero, Giuseppe Talani, Maria Cristina Mostallino, Maria Luisa Mura, Maria Giuseppina Pisu, Elisabetta Maciocco, Mariangela Serra, and Giovanni Biggio. 2005. 'Low Tolerance and Dependence Liabilities of Etizolam: Molecular, Functional, and Pharmacological Correlates'. *European Journal of Pharmacology* 519 (1–2): 31–42. <https://doi.org/10.1016/j.ejphar.2005.06.047>.
- Senay, E. C. 1990. 'Addictive Behaviors and Benzodiazepines: 2. Are There Differences between Benzodiazepines in Potential for Physical Dependence and Abuse Liability?' *Advances in Alcohol & Substance Abuse* 9 (3–4): 53–64.
- Seppälä, T., E. Palva, M. J. Mattila, K. Korttila, and R. C. Shrotriya. 1980. 'Tofisopam, a Novel 3,4,-Benzodiazepine: Multiple-Dose Effects on Psychomotor Skills and Memory. Comparison with Diazepam and Interactions with Ethanol | SpringerLink'. *Psychopharmacology* 69: 209–18. <https://doi.org/10.1007/BF00427652>.
- UN Office of Drugs and Crime. 2016. 'Terminology and Information on Drugs'. ST/NAR/51. United Nations. [www.unodc.org/unodc/en/scientists/terminology-and-information-on-drugs\\_new.html](http://www.unodc.org/unodc/en/scientists/terminology-and-information-on-drugs_new.html).
- Volkow, Nora. 2022. 'Addiction Often Goes Hand-in-Hand with Other Mental Illnesses. Both Must Be Addressed.' National Institutes of Health. *National Institute on Drug Abuse* (blog). 27 September 2022. <https://nida.nih.gov/about-nida/noras-blog/2022/09/addiction-often-goes-hand-in-hand-of-her-mental-illnesses-both-must-be-addressed>.
- Voshaar, Richard Oude, Wim Gorgels, Audrey Mol, Anton van Balkom, Marinus Breteler, Eloy van de Lisdonk, Jan Mulder, and Frans Zitman. 2003. 'Predictors of Relapse after Discontinuation of Long-Term Benzodiazepine Use by Minimal Intervention: A 2-Year Follow-up Study'. *Family Practice* 20 (4): 370–72. <https://doi.org/10.1093/fampra/cm405>.
- Wijk, Xander M. R. van, Cassandra Yun, Shirin Hooshfar, Ann M. Arens, Derrick Lung, Alan H. B. Wu, and Kara L. Lynch. 2019. 'A Liquid-Chromatography High-Resolution Mass

- Spectrometry Method for Non-FDA Approved Benzodiazepines'. *Journal of Analytical Toxicology* 43 (4): 316–20. <https://doi.org/10.1093/jat/bky092>.
- Zawilska, Jolanta B., and Jakub Wojcieszak. 2019. 'An Expanding World of New Psychoactive Substances—Designer Benzodiazepines'. *NeuroToxicology* 73 (July): 8–16. <https://doi.org/10.1016/j.neuro.2019.02.015>.
- Zhong, GuoChao, Yi Wang, Yong Zhang, and Yong Zhao. 2015. 'Association between Benzodiazepine Use and Dementia: A Meta-Analysis'. *PloS One* 10 (5): e0127836. <https://doi.org/10.1371/journal.pone.0127836>.

## 10. Appendix

### A1. Types of benzos

Drug Name	Length of drug action	Onset of drug effects / h	Half life / h [active metabolite]	Oral equivalent dose / mg	Doses reported / mg	Abuse / dependence liability**
Alprazolam	Short	1–2 (intermediate)	6–20	0.5	0.5-10	Intermediate <sup>5</sup> , High <sup>6</sup>
Diazepam	Long	0.5-6 (fast)	20-100 [36-200]	10	10-100	High <sup>5</sup>
<i>Etizolam*</i>	<i>Short</i>	<i>1–3 (intermediate)</i>	<i>4.8<sup>4</sup></i>	<i>2</i>	<i>1-15</i>	<i>Lower than classical benzos<sup>7</sup></i>
Clonazepam	Intermediate	1–5 (intermediate)	18-15	0.5		Intermediate <sup>5</sup>
Lorazepam	Short/ Intermediate	1–2 (intermediate)	10–20	1		High <sup>6</sup>
Tofisopam	Short <sup>1</sup>	-	2.7-3.5 <sup>1</sup>	-		Reportedly lower than 1,4-benzos***
Temazepam	Short	0.5–3 (intermediate)	8-22	20		Very high <sup>5</sup>
<i>Flualprazolam*</i>	<i>6–14 h<sup>2</sup></i>	<i>0.2–0.5 (fast)<sup>2</sup></i>	<i>Similar to alprazolam*</i>	<i>0.25</i>	<i>3-10</i>	-
<i>Clonazolam*</i>	<i>6–10 h<sup>2</sup></i>	<i>0.2–0.5 (fast)<sup>2</sup></i>	<i>3.6<sup>4</sup></i>	<i>0.2</i>		-
<i>Diclazepam*</i>	<i>8–12 h<sup>2</sup>, Long<sup>5</sup></i>	<i>0.3–1.5 (fast)<sup>2</sup></i>	<i>42<sup>5</sup></i>	<i>1</i>		-
Oxazepam	Short	3 (intermediate – slow)	4-15	20		Lower than common benzos <sup>6</sup>
Halazepam	Long	3–6 (intermediate – slow)	15–35 [30–100]	20		Lower than common benzos <sup>6</sup>

**Table 1:** Pharmacokinetic comparison table of common benzodiazepines, adapted from (Greenblatt et al. 1981, 19; Ashton 2007; EMCDDA 2013). *Italics* denote designer benzos or those with limited pharmacokinetic data, grey text denotes benzos not mentioned in our testimonies but included for comparative purposes.

\*The pharmacokinetic data on *designer benzodiazepines* is severely limited and requires further investigation.

\*\* It is argued whether differences in abuse liability between different types of benzodiazepines (specifically, the classical 1,4-benzos) are clinically relevant (Rush et al. 1993; Senay 1990).

\*\*\* Tofisopam is a 2,3-benzodiazepine which primarily acts via AMPA receptors, while inactive at GABA receptors. This may explain why it was suggested above as having lower abuse potential. It doesn't display mental and motor effects commonly associated with benzos (Seppälä et al. 1980; Bond and Lader 1982).

1. (Klebovich and Abermann 1993)
2. (Zawilska and Wojcieszak 2019)
3. (van Wijk et al. 2019)
4. (Moosmann, Bisel, and Auwärter 2014)
5. (Pradel et al. 2010)
6. (Griffiths and Wolf 1990)
7. (Sanna et al. 2005);

N.B. This was a rat study, and very limited literature exists on the dependence/addiction liability of etizolam. A more recent review suggested etizolam was the most euphoric of all designer benzos, which alongside its short half life may imply a higher risk for abuse (El Balkhi et al. 2020).

## A2. Consent form on our platform hosted on Drugs and Me's website

Do you consent to the use of your anonymised story on the 'Benzo Research Project' section of the Drugs and Me website, and on the Benzo Research Project website? Your story will have all identifying factors removed and be published on both websites.

Do you consent to the use of your anonymised story being used for research purposes? This means that your story from the website, with all identifying details removed, could be used by researchers. Parts of your story could appear in internal or external reports, research assignments, journal articles, harm reduction flyers, or blog posts.

Do you consent to the sharing of your anonymised story on social media channels? This would involve extracts of your story being shared, anonymously, on the social media platforms of the Benzo Research Project such as Twitter and Instagram.

I confirm that I am over 18.

## A3. Prompt questions asked to participants when submitting testimonies

- What is your experience with recreational benzo use? This can be negative/positive, in relation to your own use, or in regards to others taking benzos around you.
- If you are submitting as a benzo user, what motivates you to take benzos? What are you usually doing when you take them?
- If you are submitting as someone who was with someone else who took a benzo, what was your experience like? What visible effects did it have on them, and how did that impact you?

- Have you ever sought support for benzo use or considered it? If so, what did that support look like to you?
- What sort of drug or mental health support from local services would you find useful?
- Have you ever experienced blackouts on benzos?
- Do you think that learning about benzos at school would be useful?
- Do you feel like there is a link between club culture or Soundcloud rappers and benzo use?

## **A4. Privacy policy**

### **1. Who we are**

The Benzo Research Project (“we” or “us”) is a student-led, independent organisation. Drugs and Me (DaM) is a drug harm reduction education website, on which we are hosting the testimonial sharing platform. Data controllers of your personal data and inquiries regarding this privacy notice and data subject rights can be made via **benzoresearchteam@gmail.com**

### **2. Scope of this Privacy Notice**

This Privacy Notice aims at informing website visitors to the Benzo Research Project section of the DaM website, as well as contributors and other stakeholders about how we process personal data. We are committed to processing personal data responsibly, securely, and proportionally throughout the project.

### **3. How we collect your personal data**

If you share your testimony on Drugs and Me's website, this process is intended to be anonymous, and we don't want to know your name or any other identifying details for this purpose. We do not collect or retain personal information about you when you are filling in your form, including your IP address or location.

However, there are other circumstances in which we will obtain personal information from you when you or interact with us. For example, when you:

- a) enquire about our activities via email or instagram;
- b) volunteer with us;
- c) make a donation to us; or
- d) otherwise provide us with personal information

### **4. The personal data types we collect**

In the circumstances noted above, we collect the following types of general personal data about individuals, including:

Gender, location, email addresses, names, telephone numbers, social media accounts (Instagram). These are processed when we engage in email, phone, or correspondence through social media like Instagram, volunteers, media requests and other stakeholders who contact us.

## 5. The lawful bases for processing your personal data

We process personal data on the following bases:

- Consent – [Volunteers]
- Legitimate interest – [Media and other stakeholders]

## 6. What we do with your personal data

We process your personal data with the purpose of:

- Enhancing our research or undertaking additional research with trusted parties to provide insights and produce speciality knowledge to advocate for change
- Undertaking awareness raising to advocate for policy reformations, support curriculum planning with schools/universities and to increase awareness through media publications
- Promoting our message and mission (marketing)
- Complying with legal and regulatory obligations
- Contributing to the creation of a harm reduction application developed by the team at Drugs and Me

## 7. Analysis of testimonies by external parties

Explicit consent must be obtained from the Benzo Research Project before the testimonies can be used or analysed in any way by any external parties.

## 8. How we secure your data when we process it

### ***Anonymous data***

We require all testimonies submitted to be anonymous. Therefore we do not collect identifying information. Should a testimony be submitted with personal information, this will be edited out and the original deleted. This editing process is explained on the submission page. We have put appropriate technical and organisational security policies and procedures in place to protect the submitted testimonies from loss, misuse, alteration or destruction. All submitted testimonies are password protected and access is restricted only to those who need to access it. Those individuals who have access to the submitted testimonies prior to its anonymous posting online are required to maintain the confidentiality of such information, and sign a data confidentiality agreement document.

### ***Personal data***

For individuals who choose to contact us via social media, email or other means, usernames and contact details will be accessible through the social media platform for the purpose of contacting you again in relation to your enquiry, but will not be stored elsewhere. Your details or information shared in your enquiry will not be used in our research or passed to any third party without your explicit permission. We install and regularly update all security and anti-virus software in use on all of our systems.

Please be aware that the transmission of data via the Internet is not completely secure. Whilst we do our best to try to protect the security of your personal data, we cannot ensure or guarantee the security of your data transmitted to the Benzo Research Project or Drugs and Me website.

## 9. Do we use cookies?

Our website is hosted by Weebly who use cookies. Where cookies are used, a statement will be sent to your browser explaining the use of cookies.

## 10. Your data protection rights

You have the following rights in relation to your personal data that we process. You can exercise your rights by emailing us at [benzoresearchteam@gmail.com](mailto:benzoresearchteam@gmail.com), including:

- **Right to Withdraw Consent** – You can withdraw your consent that you have previously given to one or more specified purposes to process your personal data. This will not affect the lawfulness of any processing carried out before you withdraw your consent.
- **Right to Rectification and Erasure** – You can ask us to correct our records if you believe they contain incorrect or incomplete information about you or ask us to erase your personal data after you withdraw your consent to processing or when we no longer need it for the purpose it was originally collected.
- **Right to Restriction of Processing** – You can ask us to temporarily restrict our processing of your personal data if you contest the accuracy of your personal data, prefer to restrict its use rather than having us erase it, or need us to preserve it for you to establish, exercise, or defend a legal claim. A temporary restriction may apply while verifying whether we have overriding legitimate grounds to process it. You can ask us to inform you before we lift that temporary processing restriction.
- **Right to Object** – You can object to our use of your personal data for direct marketing purposes, including profiling or where processing has taken the form of automated decision making. However, we may need to keep some minimal information (e.g., email address) to comply with your request to cease marketing to you.
- **Right to Make a Complaint** – You can contact the UK Information Commissioner's Office (<https://ico.org.uk/concerns/handling/>) regarding any concerns you may have about our data handling practises. We may need to request specific information from you to help us ensure your right to access the information or to exercise any of your other rights. This helps us to ensure that personal data is not disclosed to any person who has no right to receive it.

## 11. How long do we retain personal data?

We retain personal data to comply with applicable laws, regulations, and professional obligations that we are subject to. Unless a different time frame applies as a result of business needs or specific legal, regulatory, or contractual requirements, we retain personal data for a period of 2 years.

## 12. Do we link to other websites?

Our websites may contain links to other sites, including sites maintained by the Benzo Research Project that are not governed by this Privacy Notice. Please review the destination websites' privacy policies before submitting personal data on those sites. Whilst we try to link only to sites that share our high standards and respect for privacy, we are not responsible for the content, security, or privacy practices employed by other sites.

### **13. Do we change this Privacy Notice?**

We regularly review this Privacy Notice and will post any updates to it on this webpage. This Privacy Notice was last updated 13th May 2022.

### **14. Contact us**

If you have any concerns as to how your data is processed, you can contact us by email: **benzoresearchteam@gmail.com** We will respond to your queries within 30 days from when we receive them.

## **A5. Testimonies**

### ***74) Gender unspecified, Brighton***

"I've taken a benzo that was prescribed to me, which saved my life as I was heavily suicidal and stuck in a depressed state. It provided me with instant relief: the spiralling stopped, as did the crying and self-loathing. It can provide a beautiful break from your headspace.

Recreationally, I was encouraged to take one by someone who subsequently sexually abused me on my 18th birthday, despite me being already substantially drunk. I had seen these guys around me salivating over the thought of taking their next benzo. I'd managed to hold off, but the guy popped it in a drink and encouraged me to have some. No clue what potency it was or whether it was pure, I just remember being so sedated that I had to be half carried home and all I could think was "Foot. Foot." to desperately try and make it home. I was absolutely mortared. It's mortifying to think that that could've been my death, given that I was mixing with a lot of alcohol. I have quite a low tolerance to all drugs anyway. Only a few weeks later, I was subsequently raped by the group 'leader'. He went on to rape and grope a multitude of other people - the common thread between us all? Him combining benzos + drinks and conveniently forgetting about it..

I continued to watch benzos tear my then friendship group apart. These boys would start fights with anyone they could - including homeless people -, grope women in clubs, encourage other girls to take benzos so that they'd lower to their level. In hindsight, I believe that it's because the girls would be more forgetful about their toxicity and potential groping. They would order food off people's credit cards that they'd stolen, then throw all of the rubbish onto a park floor. They'd walk along streets trying to open car doors to see if one was unlocked to take what was in it, or to hotbox it. They'd walk along throwing bins onto the floor so that there would be spillage all over pavements. They'd shout along whilst walking the streets at night, would speak loudly about their drug taking and subsequent selling. I died inside every time they did anything like this, but my self worth was so low that these boys were the only people who gave me the time of day.

They'd regularly take benzos at each other's houses, to ease comedowns and/or to sleep quickly and well after a night out. It'd also be used to break bad psychedelic trips, which they'd do regularly (at least once a week). They'd buy and sell benzos from contacts they'd gained in



Facebook and WhatsApp group chats, the dark web, or pre-existing large-scale sellers in Brighton. There is definitely a connection between club culture, particularly as they'd take them on nights out or to calm themselves down after a night out. The boys were well into their grime, drum and bass, garage, bassline, so we'd go to nights out with those genres. Some were very into the e-boy and hype clothing subcultures, and would regularly shift their aesthetics to match that.

Now what we all had in common was that we'd been bullied at school or severely let down by parents during childhood, so I believe that this was the primary motivation for these boys (roughly 10) regularly abusing benzos. All of us had either ADHD, depression, anxiety, autism, PTSD, or all of the above and more. The only thing we had in common was seeking drugs as a coping strategy. Coping and struggling, given the extensive waiting times that we as young people must face to begin being bounced around mental health services. These boys were all locked in a toxic masculine trap: none of them spoke about emotions, nor sought help for any issues. As the only female in the group, they regularly would come to me for advice and with their struggles. However, I'd dish out advice but see minimal action from them, as it was easier to stick to their routines and substance abuse cycles that they were in. It was really hard to watch, especially as many became dear friends of mine.

Being on benzos has led to some being significantly beaten up on nights out, particularly once they'd broken up and were unable to comprehend how to utilise a phone or be able to read messages. Many have woken up in random places with no recollection of how they got there. One of my friends was told he had had £400 robbed as he had woken up in an alley in Brighton, thankfully physically unharmed. He'd somehow won it all whilst massively benzoed at a casino.

I've seen far, far too other women also suffer within or outside of relationships with people on benzos. When you love them, it quickly can become an incredibly toxic cycle of wanting to help them, them not necessarily wanting help, shouting at you, short tempers, depressive symptoms, suicidal ideation, and more. Widespread education is necessary. All evidence supports this, yet we still see governments and policymakers choosing to ignore what is causing so many young people long-term psychological and/or physical damage in the name of conservatism.

I think the scariest thing about benzos and blackouts is how insensitive you become: emotionless, cold, without inhibitions, confrontational, aggressive. I believe that this is a direct consequence of systematic underfunding of mental health and drug abuse services. Covid, cost of living crisis, unemployment, interrupted school time, all of these aspects are going to exacerbate benzo use. Sending love to all those who've been affected by this drug, you are not alone."

### **73) Man, London**

"Honestly, people like to say weed isn't a gateway drug, but it definitely was for me. I wanted to try everything and anything and listening to music that glorified benzo use, I decided to buy a bunch of diazepam. After a night of doing cocaine, ecstasy, or even just drinking, I felt doing a benzo in bed was almost like being cuddled to sleep — popping one and smoking weed during

the day felt amazing. Next thing I knew, I was unknowingly blacking out on them and getting mad at my friends thinking they stole them from me. It turned me into an antisocial and generally shit person. After discovering LSD and having a few trips, I just had an epiphany that I was doing all these drugs just to run away from my mental illnesses and childhood trauma.

Once I resolved those, all addictions became a thing of the past and I haven't been happier. I hope psychedelic medicine is approved by the FDA and thus seen differently by the UN as soon as possible. Teaching kids about these negative habits in school would stop so many overdoses, both voluntary and involuntarily ones. Setting up classes that helps children to learn how to deal with their emotions and work through whatever is going on at home would also stop the root problem of so many of these addictions. Mixing with benzos got me into mixing it with codeine and alcohol, when you're in that state of mind where you're just craving a high you just want more and more to run faster and faster away from why you're taking the drugs in the first place. I know people who've taken less than me and have lost their life to overdosing. I pray we begin, as a society, to see drug addiction the same way we have begun to see childhood trauma, because they are very linked."

### **72) Man, Birmingham**

"Tried a few times both recreationally and medically. I find it chills me out a lot if I'm panicking but doesn't do much if I'm already calm. I'm the only one in my social circle to take benzos."

### **71) Non-binary, West Sussex**

"Roughly around a year ago I was living with my 17 year-old addict boyfriend part-time. During this time we both would smoke weed and have a few drinks together but when he would go out or I wasn't there he would take basically anything he could get his hands on. Unfortunately that was always alcohol and often benzos, mainly vals and Xanax and at the time I didn't even realise that they were all pretty much the same thing. Half the time I didn't even realise he was on them until he started to pass out or have really bad seizures, often multiple in one go but I never knew how to stop it from happening which made me scared as it was only us two in the flat so I couldn't even call for help. After a while of trying to hold him up in his chair he finally would stop seizing and I'd have to help him lay on his bed and get him some water as that's the only thing I knew how to do. Benzos completely changed him as a person and because I couldn't physically stop his addiction but I was in love with him. I ended up watching the person I loved completely change right in front of me which hurt so much as I often felt responsible and guilty that I hadn't done more to help. Luckily, he's in a facility to help with the addiction but mentally he's not doing great and the doctors have prescribed him with benzos for mental health which worries me as he takes these everyday. We still keep in touch as I do care about him but he's not the same person he was 2 years ago."

### **70) Man, Bedford**

"I have had both good and bad experiences with benzos. At times they have helped me be social when I would otherwise feel like shutting out the entire world and was still able to enjoy myself, but on the other side i have put myself in some of the worse situations I've ever been in

my life because of them. For example, I stole off a friend and didn't even remember having done it and I've also been arrested.

Usually I take them when I feel anxious and/or uncomfortable. Or even when I'm feeling okay because I know it's a freeing feeling to be without anxiety so I chase that state of mind. I have sought support for my benzo use in the past but was never able to go through with it because once I was sober from it I didn't have the confidence in myself to go through with it and the thought of talking to a stranger about my problems is a task I haven't been able to take. I struggle even seeking support from friends and family but when I'm on benzos the filter is lifted and I am able to but this is also a problem as it lifts the filter for things that get me into trouble also.

I wish I knew what type of support would be helpful because then I'd seek it out. I have blacked out many times on benzos and it is always then that I get up to the worst activities. The most recent blackout lasted for 4 full days and when I came to I found myself in the far end of the country being arrested. Learning about benzos in school would have been very helpful - my history with them began in school and instead of being educated about recreational use of diazepam I was suspended and punished. There is definitely a link between club culture or soundcloud rappers and benzos but I feel I this is just the scapegoat for the real problem. The real problem being one I don't actually know but have still experienced."

#### **69) Man, Milton Keynes**

"When I was first getting into LSD and other psychedelics I heard about how benzodiazepines can be used in an emergency setting to kill the trip so in order to be prepared I ordered a few pressed Xanax of the Darkweb. I originally planned to just keep them stashed away for their original purpose of being an emergency medication I could use in the event of a bad psychedelic experience. When they came I put them away but after a few days I got curious on the effects so I took 1/3 of the tablet, the effects really aren't that noticeable to me a few days later I took the whole thing and felt a kind of calm relaxation but not in the way I'd expected. After mentioning about the purchase and experience to a friend he was extremely excited and wanted me to give him some I knew I had more than enough for the purpose of ending the trip so I gave him 5 assuming he would just take one and save the rest for some other time. But nope apparently this idiot takes all 5 like a complete idiot, he says he doesn't remember much from the night but remembers falling over his table."

#### **68) Man, Liverpool**

"Consider myself an expert in this field of drug. Had a massive history with benzos from the age of 15 (now 24), started with diazepam and at the time didn't think much of the high (not many actually do the first few times), with drugs like MDMA around, a 10mg of diazepam feels like you've had a couple beers, nothing special.

At the time (2016ish) they were not very popular nor known, especially due to the relatively underwhelming effects. Many people used it as a way to get to sleep after a night of stimulant usage or to calm down a 'bad trip' from psychedelics. However, all of this changed when Xanax

hit the scene due to the popularity of it in American culture and music. I was one of the first around who was ordering pure Alprazolam (xanax) powder off the internet, dissolving it a PG (kinda like vape juice) solution. That way I could buy an entire gram quite cheaply (1000mg) for 80quid, which is essentially 500-1000 doses (or 500x2mg xanax bars).

The ultra high potency of the drug made it very profitable to press to tablets (very similar to fentanyl) and that is what caused the wave in 'fake' or under or overdosed Xanax pills. In reality the only safe way to measure a dosage of pure xanax (or similar high potency drug like fentanyl) is by dissolving it in a solution (alcohol, water, PG) so you know say 1ml=1mg, and not enough people actually know this. If you buy a large amount of xanax the safest way to dose em is to dissolve them all in Propenyl Glycol and titrate up the dose from there, you never know how much of the drug is in each pill or even which PART of the pill its concentrated in.

I used to sell small vials of Xanax at a very low concentration (like 1mg/5ml) because PG is very bitter so taking multiple ML accidentally or nefariously would be hard. Would also dye it bright colours to prevent anyone using it to spike somebody or take by accident. Although I considered myself fairly addicted to benzos and xanax in particular (alprazolam being amongst the strongest and fastest working), unlike other people i never seemed to get withdrawals off stopping usage, nor did I ever us very high dosages, mainly because of my knowledge of how the drug impairs you and I prefer to remember the night out. On it's own, benzos are very hard to OD and you will usually pass out without respiratory depression taking hold. Obviously all this changes as soon as other downers like alcohol and opiates are added to the mix.

Soon, other research chemical benzos like etizolam also began to flood the 'grey area legal' market and could be ordered online very easily. These carried all the similar risks of xanax but at least these were produced slightly more professionally in places like India, where at least dosages could be kept consistent. However the government crackdown on this as well as making it very hard to become prescribed traditional benzos like diazepam put xanax in the spotlight again. But soon, deep web vendors selling imported bars from America or slightly more trustworthy Dutch pillpressers began to be shut down (mainly with the website known as alphabay), and people began to source their benzos and xannies off the streets again instead of much safer, internet or Internet-connected dealers. Xanax tablets are now more dangerous than ever, and with fentanyl slowly making its way across the pond and cases of it being used to cut xannies, things are only going to get worse for a drug/drug class that was relatively unknown a few years ago. It's currently going through another street market 'boom' with the lack of the deepweb online markets being around as much meaning the dangers of bad street batches are higher, as well the relatively less known/Americanized nature meaning young people not knowing the signs of the dangers and addictions as well as the potential spikings.”

**67) Man, Glasgow**

"Benzos are used as a cutting agent in cocaine. Specifically cut/mixed cheaper cocaine referred to as 50:50. Literally everyone I know who takes cocaine is inadvertently consuming benzos whiteout even knowing it most of the time."

**66) Gender unspecified, Newcastle**

"Benzos are the best. Except this one time I took a load of them and blacked out for 2 days. I also tend to get really really depressed the next day which sucks. But taking them is good and always feels like I'm on the edge of absolute bliss but no matter how many I take I never quite get there."

**65) Man, Surrey**

"My experience with recreational benzo usage started when I was 18. At the time I was kinda a computer nerd, only person i knew that new anything about the darkweb but i was also an avid psychonaut. I had tried about 8 different substances to the point I first tried benzos. Having researched everything I had tried thoroughly. I bought some xanax and some valium of the darkweb. Used it in moderation and had a good time. When it ran out I thought: that was fun but didn't have any compulsion to order again, at least not for a while.

But when I went to uni, in freshers week I went to an illegal rave and as my mate and me sat down in the corner to do some bumps of md, I put my hand down and it landed on a baggy, filled with 20 bars of xanax. I spent the 2nd week of uni completely blacked out with only short periods where I had any memory at all from that week. One of the only things I remember from that week was the first night after getting these xans was putting 2 xans into a shot of vodka (stupid i know) and then waking up with some random girl naked in my bed. I had no memory of what had happened, checked my phone no trace on there of what had happened so I had clearly left my room and somehow a girl had ended up back with me. After checking my phone seeing no trace no payments out I concluded I must've gone outside my accommodation and idk if she'd seen my state and taken advantage of me or if I'd just had mad game while fucked up, but somehow she ended up in my bed. At that time in my life I was just gassed cause she was naked and had a nice body. I passed out asleep again and she had left by the time I woke up, I checked my phone and no one had added me on any account so to this day I don't know who she was, whether she had taken advantage of me or anything.

Since that point I continued to take benzos recreationally, sometimes mixing low doses with alcohol before nights out to save money on drinks, more often just taking them at night and chilling until i fell asleep. My friend that I made at uni I quickly realised was addicted to benzos and that scared me and put me off ever becoming addicted but I still continued to use occasionally.

Towards the end of my first year corona virus started, and at the start of lockdown I got an order off the darkweb for 20 2mg etizolam. I remember taking 3 and then blacking out. I must've continued to take them while blacked out, and I woke up conscious 3 days later with no memory but my car absolutely fucked up, the wheel tilted and the whole axel fucked. From deciphering

my messages to my friends I realised I had hit a small rock used as like a border to the side of the road and fucked up my wheel.

Since then it made me realise the insane risks of benzos. I'd known about addiction and the insane issues that can cause. But my personal experience really highlighted the risk that just taking too much can cause you to continue taking them while blacked out and ruin your life. The car repairs cost £1000 but I could've hit someone driving like that or I could've been caught by the police or anything. I realised how easy it is to do stupid shit while blacked out that can cause so much trouble. Since I fucked up my car blackout I have still taken benzos but that was a massive wake up call. Nowadays I only use them (very occasionally rarely more than once a month) in low doses to either chill before bed or when i'm coming off stimulants like cocaine or amphetamine."

#### **64) Man, Nottingham**

"I have been on both side, prescribed and non prescribed, on 5 benzodiazepines together including Ativan, Clonazepam, tofisopam, etizolam, and alprozolam. I have bipolarity, EUPD, ADD. I have also been on prescribed stimulants like Ritalin in the past over 100 mg a day, prescribed and currently on Dextroamphetamine sulfate along with Clonazepam."

#### **63) Man, Essex**

"I used benzos for a fairly long time. I have recently just been admitted to the hospital over a low heart rate and a heart attack I am only 21 years of age and could have almost died leaving my girlfriend who is currently pregnant and my unborn child behind. Think before you take – think of the consequences of others but not only others yourself too"

#### **62) Man, Bristol**

"Group of mates and I bought 200 valium (so 20 each), went on heavy weekend remember falling asleep in the sun on Friday afternoon (first time trying them). Woke up Sunday evening fully clothed all the Vals gone. No recollection of the weekend at all, haven't touched them since"

#### **61) Man, Milton Keynes**

"So where do I begin... Unfortunately my journey with benzodiazepines started in 2016, it started with the recreational use of marijuana then slowly progressed to substances like Valium and Xanax. I was 16 when I first tried Valium, it came in the form of a little blue tablet and was upon appearance no harm. That is until the dependency on these drugs started. It would start with weekends after school then it progressed to weekdays and then even progressed to myself using whilst in school and college. It drew away any form of emotion I had toward anyone, my family started to notice a visible difference in not only my behaviour but my attitude toward life. By 17 I had moved to Xanax as this was now deemed stronger and better. If I'm quite honest I do not remember many experiences on the drug itself but remember the morning after feeling complete confusion and disarray. Being unaware of what had happened the night before gave me a sense of freedom, it was like I could do whatever and as long as I wasn't aware of it occurring it's like it never happened.

Late 2017 I had a massive wake up call when I overdosed and had a cardiac arrest. I was in an induced coma for two months and remember only the times where I had lucid dreams of where they were changing my lines. Fortunately I pulled through and was able to leave just before Christmas that year. For myself hospital was a large enough wake up call for me to kick this habit and to get my life together, however unfortunately my friends didn't have the same fate. Whilst hospital sorted me out it in fact worsened the addiction in my friendship group. It had got the point where they were having to use the drug to socialise and to perform normal tasks in everyday life.

Mid 2018 one of my close friends passed away from an accidental Xanax overdose. His mum was the one to find him and I just can't imagine how heartbreaking that must have been for her. Her own flesh and blood, her child had left this world. We were made aware and we're all in complete disbelief that this had happened. It was this that was the wake up call for the other part of the group that hadn't stopped when they needed to. It shouldn't have to take a catastrophic event to realise that the path of benzos and drugs in general is not the correct route. I just urge anyone out there who has issues with substance abuse or any form of mental health issues to seek the help you are eligible for. Nobody will laugh or look down at you, we are all human. Now the only thing we have of our friend are memories. Cherish everything you have in life and hold on and don't let go because life is precious ❤️"

#### **60) Gender unspecified, London**

"I tried a k-pin when I was 15 and loved how it made me feel... and it got rid of my hangover. Later into my teens I started trying vals (and Xanax here and there) but benzos were the easiest to buy, regulate and self-medicate. They were cheap as chips and came in bulk. I got dependent on them in summer 2018 as my mum was dying and I was taking all sorts of drugs to get through it. They helped with agoraphobia and the nausea that I had always felt when I went out with friends (not yet diagnosed). To me it was like a miracle pill that you could take and all your worries would F off until three days later and you get the worst wave of depression and anxiety. I have done and said things when on benzos that I will forever regret but as much to much anguish I have let myself be taken advantage off when under the grasp of the blue pill. My mum died and I used them as a pal, really. Less fun though.

I have had blackouts and been told stories of me being carried between houses, doing things I'd never do and so on. It makes you feel physically green. It has been years since my dependency and now I only take them as a last resort. If I am verging on a panic attack and my SSRIs aren't working, I will self medicate (1/2 10mg \*a month\*) to relax. The exhaustion from a panic attack is way more traumatic than a benzo comedown so - Ye haw!

There MUST be more education out there. I wish x100 I'd known the impacts of downers before taking them. They get treated like elf bars in todays society, literally ruining peoples lives a half at a time and that scares me. I'm lucky but not everyone is. Ciao"

#### **59) Non-binary, Brighton**

"I was eating loads of benzos and getting it up my arse from a very hung man and ended up shitting and ate more benzos, done a quick line and sniffed then died swear down worst thing i eva done so stay safe kids"

**58) Gender unspecified, London**

"My friends started taking them for fun at parties and around other people then very quickly they started to take them more frequently and alone."

**57) Man, London**

"I purchased a large amount of alprazolam to fill an order for a customer. I had never tried a benzodiazepine before but decided to try given the large amount left over. I have also been open to trying drugs in general provided I research harm reduction and side effects prior. I had used Ambien recreationally before so I was relatively familiar with the effects of benzos. My first time taking them I took .5 mg and the experience was very enjoyable. I took the alprazolam in a solitary setting. The second time I took 1 mg. I remember the beginning of the experience but after mixing the dose with alcohol, I can only assume I blacked out. I woke up the next day after about 14 hours of sleep. Luckily, the only thing I did while blacked out was knock over a lamp. I have not used benzos since and doubt I will use them in combination with alcohol again as I do not enjoy blacking out.

Ideally, all education systems should teach students accurate and neutral information of drugs and let the facts speak for themselves rather than push for total abstinence. I think there is a link between benzo use and certain subcultures, however I have observed an increase in benzo use in all parts of society. I think the urge to not feel is created by our current socio-political climate and benzo use is a societal coping mechanism. I expect increased use as well as benzos and analogues being mixed more frequently with heroin and other street opioids. I think benzo use is just one part of society's drawn-out collective suicide."

**56) Man, Swansea**

"While I had dabbled infrequently with diazepam in the past, it was very infrequent. However during my university degree from 2014 onwards I relied heavily on the then legal Etizolam bought as a research chemical to relax me and relieve stress and anxiety while writing assignments. After the NPS Bill came into law in the UK I was forced to use the dark web rather than risk post acute and prolonged withdrawal symptoms. After my course I used my own harm reduction research knowledge (The Ashton Manual being the prime information source) to devise and stick to a taper plan. I sought advice in online harm reduction groups such as Sesh Safety but I did not seek professional medical or drug treatment services as I felt they are extremely underfunded by the government and what little help is available would be better used for more serious cases than my own. I very much agree that benzo and all drug harm reduction should be taught in schools as the "just say no" tactic is an obvious failure. In my experience of club and festival culture there is not much of a link to benzos in comparison to other substances. I do not know about Soundcloud rappers as I do not listen to such music."

**55) Man, Brighton**



"Xanax are the best thing ever. You don't even remember anything but yet you just know life is good. Valium made me lose £50 a casino though, f\*ck Valium."

#### **54) Man, Hull**

"I've only messed with xanax. Originally I bought them because I was planning to do acid. They're used as "trip killers": for when you're having a bad trip or need to be more sober for whatever reason. I ended up getting extra because they were so cheap. I don't think they can get you high in the traditional sense, or not very strongly at least, but I like to take a .5 dose when my anxiety is unbearably bad and it makes me feel normal. I've messed around with dosages before, with no tolerance .5mg makes me a bit more tired but a lot less anxious. 1mg eliminated all anxiety but made me very sleepy, needed a 9 hour nap after 20 minutes. I've never tried 2mg on its own but 2mg and some weed made me start stumbling loads and then black out and fall asleep for 11 hours. It wasn't like blacking out on alcohol. I was on call to my girlfriend and she confirms I didn't do anything out of character, benzos black out is kind of like going on autopilot.

Xanax is also an essential for me and my girlfriend when we do acid. It's impossible for us to get to sleep after the trip and xanax and weed are the only things that levels us out and lets us get some sleep. The same principle would apply when you're too wired from uppers like MDMA or coke. I don't use xanax often as my anxiety is usually manageable and I don't do acid more than once every few months. I feel like for a lot of people, xanax is used as an illegally obtained medicine. If you look online people without anxiety question why it's popular as it just makes them sleepy or blackout and then pass out shortly after, they have no anxiety to be relieved. Of course some people won't use it as that but that's what I use it as, a very occasional medicine for when my anxiety makes everyday tasks like going into work or even getting ready to go out impossible. I'd say I use xanax once a month if that. I'd never use it more due to it being addictive. It can be a slippery slope though if abused – a lot of people with anxiety can find themselves reliant on and addicted to them. One of my best friends who suffers from poor mental health tried xanax and soon became addicted because of its effects on his anxiety. Luckily he doesn't take benzos anymore so he's fine."

#### **53) Man, Cambridge**

"A few years ago I took 4 xanax. I initially took 2 xanax at once, and it was the first time I had done them. I then took another 2 because they were given to me cheaply, and everyone else was doing them. Everyone had done different amounts so ended up in different situations - I took more than everyone else. No one remembers the night, but we have videos. We must have gone to a park, all the lads I was with were slurring and couldn't speak. I fell asleep, and most people left too. A jogger found me at 5am, and called an ambulance when they couldn't wake me up. I went to hospital and was put on a drip, but I can't remember even being in the hospital. I was in a low level coma from the morning until the following evening. I don't even remember leaving the hospital. My mum said the nurse said "they think they're invincible at this age". Another lad also got taken to the hospital, but he still had xanax on him so the police took him. The maddest part was not remembering the whole thing. Afterwards, a boy I know overdosed on valium. I would never do them again."

**52) Non-binary, location unspecified**

"I used benzos on prescription as well as for recreational use. I took different pills in really different doses 0-6x / week for ~3 months. In my life situation at the point of time where I used benzodiazepines recreationally, I think I would call the experiences I made good. I never needed support in any way, and yeah, I experienced blackouts. I think that education about drugs is useful in general. I think there is a link between club culture and benzo usage; I never went to clubs and I never listened to soundcloud rappers, but lots of people around me did and do, and I think there's a coincidence between that and their benzo consumption. I also think that face tattoo's randomly grow on you if you take benzos for too long. It begins with a black tear underneath the eye..."

**51) Gender unspecified, Ireland**

"I no longer take benzos – I used to take them to get through the day, in school, work etc. It started with only having to take one, then 2 and so on until I was taking so much that I was getting withdrawals. My withdrawals were so bad I knew I had to stop before it got worse. The first time I took pills was last summer, where I started with codeine. I really liked codeine and took it very often but then the buzz died and I needed something else. I started taking xans, ativan and valium. It made me feel completely disconnected and it was the feeling I had been searching for. I suffer from depression, anxiety, and bpd, so as you can imagine it filled that void. I started stealing and doing whatever to get more pills. I started getting caught and in trouble and it wasn't until then that I opened my eyes and took a look at myself. I hated the person I had become and it wasn't me. I went cold turkey and haven't touched any pills since, it's been about 4 months and the urges are difficult but I'm doing good without them and I don't think I could do that to myself again."

**50) Man, Hampshire**

"I was addicted to Xanax from the age of 16-20 and my only reason for stopping was having a seizure after not being able to get any for a few days. Xanax is a drug everyone has a love-hate relationship with: it's great at times, but there's a fine line and if you cross that, you're probably gonna black out. I have done many times by accident. You can sometimes seem sober, almost as if you're not using them, even when you have actual anxiety. I don't think it shouldn't be taught about at schools, I just think there should be more research done and more ways of finding out what the drug is because a lot of people search it up even before trying. I wouldn't say it's linked to any music culture as it's been used for years by emo, punk, and rock bands, as well as SoundCloud rappers, and mainstream artists. It's not a bad drug, it's just got a bad reputation. I took them for my anxiety as I had a connection to get real ones and had seen a lot of people I had grown up with use them. I thought "why not", and started myself."

**49) Gender unspecified, Bournemouth**

"I started taking benzos in 2017 when I was nineteen years old, and continued to use them for four years. I no longer take benzos unless it is to sleep after using cocaine. I was introduced to them by a guy that I was interested in, I remember that I had no idea what they were when I first took them. I slowly met more of his friends who all used benzos very heavily, with some of them

suffering from drug induced epilepsy from it. When I was using benzos all my insecurities and anxieties went away, similar to how alcohol made me feel. I loved feeling confident and having no boundaries in what I said or did. I started partaking in more risk taking behaviour like casual sex (I didn't do that prior), shoplifting, mixing drugs etc. I feel like my personality and behaviour spiralled out of control but I also felt very numb to what was happening. I became someone new, and ditched my old friends because we were going on different paths.

When I used to use benzos I would be doing normal activities like partying, going to the beach, working, going to the pub. A benzo party for me included alcohol, codeine linctus (to portray lean), music (usually rap/mumble soundcloud rap), smoking cigarettes. Sometimes I would mix cocaine and benzos. I started taking them when I was working since my friend had been doing that and he was quite successful in his career, and I ended up getting fired from two jobs for being visibly high on shift and forgetting things. I never looked for support for my benzo usage but instead they phased themselves out of my life. I did/said things I regretted terribly and felt so much embarrassment for how my life was. I couldn't stand doing them anymore and I started using ketamine more heavily instead.

I have experienced many blackouts on benzos, I would even say that the first two years of using them is one big blur to this day. I am unsure of when certain events happened or what months/years I was fired from my jobs. I would also wake up in random locations with no idea how I got there. I have photos and videos of me doing things that I don't remember. I think learning about benzos in schools would be very helpful in reducing harm and addiction. Like I said before, I had no idea what benzos were when I first tried them. I had no idea about the negative affects, I am not saying this would have stopped me from trying them but maybe I would have made a few better decisions (like not going to work high, not mixing with alcohol or cocaine, trying to have breaks).

I do think there is a huge link between SoundCloud rappers and benzo usage. I would listen to 'mumble rap' all the time at those parties, I liked how the lyrics felt relatable. Me and my friends ended up getting codeine linctus from chemists and put it in double Starbucks cups to imitate the things we were seeing. Listening to this music makes you feel like you're in a secret gang, that most people don't understand or engage with; because I loved benzos and SoundCloud rappers loved benzos, I loved listening to it. I don't even like rap music (as a whole genre) anymore, so I think it was really driven by the benzos/fitting into the group. I do not think that there is a link between benzos and club culture, I think that people like to do more chilled things whilst on it. Maybe it's because the clubs in Bournemouth are not very good. I think it slightly links to club culture if cocaine users use them to go to bed afterwards. I don't miss benzos at all and think that stage of my life is very embarrassing in retrospect."

#### **48) Man, Belfast**

"Over a decade ago I discovered benzos as a handy safety net for psychedelic experiences that got too intense, or post-party comedown aids. During this time I used etizolam and various other recreational benzos and soon became dependent on them throughout my years at university. My GP was very helpful when I asked for a supervised taper using diazepam. I tapered at my

own pace, checked in with them every two weeks and despite the trauma of daily chemist visits I was able to safely come off and stay off benzos for many years, using this method of a medically supervised diazepam taper which is based on the 'Ashton Manual'.

Fast forward to 2020: COVID, stressful shared living conditions, increasing use of stimulants, stress at work, the terminal diagnosis of a close family member and complications that came with all of this lead me to self medicate with benzos again, despite swearing it would never happen again. They permitted me to sleep when I needed to, be calm in the eye of the storm and function day-to-day, without crippling anxiety and insomnia. I sought help with my GP again, expecting to be able to get yet another supervised taper plan along with a diazepam script to make this possible, as my supply of diazepam became unreliable and costly. I was told this wasn't possible; I was referred to my local addiction clinic where I waited months to be seen, and was told the only option available was to continue buying on the black market or detox in hospital for two weeks. Anyone who understands the pharmacology and seriousness of benzo addiction knows that a heavy, long term benzo user cannot safely 'detox' in two weeks without experiencing potentially life threatening seizures and other horrific and long lasting symptoms... My GP was equally horrified at their suggestions yet had no power over the way the clinic handled my case.

I have since discharged myself from the clinic as they would gaslight me, telling me: 'the less you know the better' and that 'intellectualising things is just making it harder for you to access our services'. The long waits between appointments, 'inconclusive' urine samples leading to them having to watch me urinate, examining every angle of my life over and over and still refusing to provide reasonable support, left me somewhat traumatised and deflated. It appears that new legislation has removed the option of a safely supervised medical benzo taper since the first time I accessed this model of treatment, over a decade ago. I am currently tapering off diazepam from the black market, at my own pace, with no professional support but luckily I am educated and experienced enough to understand how to do this safely."

#### **47) Gender unspecified, Bristol**

"I'm 22 and recently began to address my benzo problem. I first tried Xanax when I was 15 and experimenting with drugs. I didn't really think much of it because I took it in the wrong setting (big night out) but I kept the pills I'd bought because I thought: 'maybe they might come in handy'. When i was in 6th form I started using MDMA a lot and discovered that Xanax was great for curbing the high of uppers. In my first year of university (aged 18) I used MD every week and then mixed 2-3mg of Xanax with alcohol after. MD began to stop working for me and brought out my anxiety, something I've suffered with all my life. As I struggled more with my mental health when i was 18 and 19 i began to use Xanax heavily, taking 5-10mg per day and often mixing with alcohol. I needed it to be able to attend lectures where I didn't know anyone. I needed it to sleep. I needed it to stop thinking.

It got to a point where i had no memory of days and was becoming very unreliable and MIA a lot. I sat university exams I don't even remember because I was so out of it. I became a bit of a zombie. I tried to quit (age 19) by using Valium to help reduce the Xanax which helped. However

I ended up just using the valium in the day (30mg) and Xanax at night (1 or 2mg). I was proud I'd reduced to this level but when my mental health declined, my benzo use would increase. I've recently been diagnosed with borderline personality disorder and generalised anxiety.

It's terrible because I know how bad addiction can get having been there bad, but I also don't wish to stop the levels that I'm currently taking. Benzos enable me to function and socialise. It's because of Valium that I could do job interviews and secure a well-paying job. It's because of Xanax that I am able to sleep rather than stay up at night worrying and harming myself. It's thanks to benzos that I don't experience so many debilitating panic attacks. I recognise my mental illness may play a role in my dependency on benzos. I also never wish to be as addicted as I was when I was 18. I've stopped taking uppers because I know it results in me needing high doses of downers. But I can't quite seem to kick the need for them in my every day life."

#### **46) Man, Anglesey**

"When I was 18 I took benzos which I bought as 'diazepam' I later found out it wasn't what it said it was - it was etizolam. The box and packing looked incredibly legit: it had Braille on the box and it came with an instruction leaflet. I took them to relax and escape the stress of life for a while, I started off with 1/2 a night. Then I got to 3/4 a night then I quit for a day or two; I was at work the day after taking 4. I had tremors, I couldn't stop shaking and I felt incredibly depressed and sad. That's what made me quit taking them. They were good when I first started taking them, made me chilled out, a heavy body and sometimes euphoric like nothing else has. The effects it had on my body and mind outweighed the positives."

#### **45) Non-binary, Oxford**

"I used diazepam regularly to dull my anxiety because I couldn't function. I became dependent on them to the point that I couldn't sleep without them. They were extremely helpful initially and allowed me to function, but I started needing much higher doses to have the same effect - and ultimately the benzos caused even more anxiety because I knew I needed to get off them but couldn't."

#### **44) Man, Hull**

"I took 3 xans once. Had one: felt mellow but super tired. Had the other two a couple hours later and all my anxiety was gone; I was very chatty and confident before passing out for the night. It was around 6pm when I fell asleep – that's how tired I was."

#### **43) Gender unspecified, Leigh**

"I tried Xanax once. A friend told me one bar would not be enough, so I took 2 without considering that these were street pills rather than medical grade ones. I only really remember feeling as if maybe I feel something and that is it for 12 hours. From talking to those around me, I gather that at some point I dropped them on to the floor, and then took more. I also don't remember meeting the people I apparently did that night. One second it was day time and the next I was in hospital being asked questions. It was my mum that checked my bag to see if I was drunk and she found the remaining Xanax in my bag and took me straight to hospital

because i seemed so out of touch. I still have no memory of what happened to my money, a large quantity of Xanax went, who I saw or how I managed to get home night."

#### **42) Gender unspecified, Brighton**

"I started taking benzos at 17 when a doctor prescribed diazepam for what I can only describe as sudden and severe anxiety and unmanageable feelings. From the first time taking it, I'd never experienced relief quite like it anywhere else, I knew I needed more. For the next 7 years I was either looking for dealers that sold benzos, buying benzos from the dealers I'd eventually found and then panicking when I was running low (these dealers were never reliable or consistent). It was a constant, inescapable loop, I couldn't be without them, because every time I was it felt like the world was caving in around me. In the interim between running out and finding more I would drink heavily. The binge drinking worsened and I would black out severely. Finally, I was prescribed diazepam long-term (2+ years) by a psychiatrist. There was no mention of how this would effect me long-term, or even that I shouldn't be taking them long-term. Eventually, the psychiatrist refused to prescribe any more without any concern about the deadly withdrawals, or a taper plan.

I once again had to find another consistent source. I turned to the dark net and ended up supplying myself with boxes of pharmaceutical grade diazepam and lorazepam. This turned into abuse as I was no longer concerned about running out, and I was still heavily drinking. This period of my life was horrifying, I don't remember anything but snapshots. I had no capacity for rational or critical thought. I was burning through all my money without a care. I was putting myself in increasingly dangerous situations and I was blacking out severely most days. Not to mention, my once shy, thoughtful and polite personality was no more. I was rude, extremely arrogant and outwardly very narcissistic under the influence of these terrible drugs. It's mortifying to think back on. I was in complete denial that I had to stop taking benzos daily for a long time. I'd stopped drinking and was clinging onto a daily dose of valium, convincing myself it was holding my sanity together. But after some sort of miracle (actually after taking psilocybin mushrooms) I knew I had stop. I went to my GP to ask to come off them, the GP gave me a 6-week taper plan. They were completely uninformed of the risks of coming off of benzos long-term in such a short amount of time. The withdrawals were potentially the most traumatic and terrifying experience I've possibly ever lived through. They were severe; they induced psychosis and acute panic attacks/ dissociative seizures. I had no long or short term memory, every day I was stuck in that moment - which was hell. I became a complete agoraphobic recluse. I lost the ability to speak or think and the acute withdrawal period lasted around four months. It felt like my brain was on fire, I wondered if I was getting dementia. I ended up in rehab after it became too much to bear, and couldn't get down from the last 2mg. The lasting effects of the withdrawal lasted around a year and a half after, I wondered if I was going to be stuck like that forever. I still couldn't think, was scared to venture outside much, scared to socialise, my memory was fragmented and I was still heavily dissociated for a long time.

It's been three years since I quit benzos, I'm completely sober and doing better than ever. Things aren't perfect, but I am no longer experiencing any of the withdrawal effects and my mental health is all-around more stable than it's been in a long time. I'm so grateful to have been

able to come out the other side. Yet I have to live with the repercussions of this long period of my life; benzos took away what were supposed to have been the best years of my youth. I don't remember almost anything for 7 whole years, and that is terrifying. I still can't believe the dark path these seemingly innocuous drugs took me down. There absolutely needs to be more talk and knowledge around benzos. It seems that professionals: GP's and psychiatrists alike, don't really understand the potential harm these drugs can cause (especially to already vulnerable people). There needs to be more understanding around trauma/addiction too, as for many people who have underlying trauma these drugs seem like a miracle cure. They make you forget, but at a huge cost. Thank you for the great work you are doing."

#### **41) Man, London**

"I've used a pretty decent amount of benzos during my time of using them. All of them were research chemical benzos because they were easier to get hold of than regular benzos. I will explain the reasons why I used them. Probably the most useful was for stimulant comedowns. I like to take stims in the evenings or night because I like the atmosphere but I also do love being able to eat and sleep haha. After I decided to end the session for the night, I would usually dose from 1-5mg of Etizolam. This would give me almost instant relief as in not having any anxiety, heart stops racing, calming down, being able to eat and sleep which is impossible for me without. I would then usually have a snack like a smoothie and peacefully fall asleep. My next reason was basically the same but without the stimulant part. I just loved the feeling of ease and tiredness they gave me when used in the right amount. I didn't have any problems sleeping without them most of the time, but I just loved being really tired and instantly falling asleep. The third reason is kinda lame but it was just not liking being sober so I'd just take some benzos to not be sober. I never used them during the day for anxiety or anything like that though. Those were my positive experiences with them.

I'm now gonna get into the negatives. I often dosed way too much and the feeling they gave me then was terrible. It made me depressive, lethargic, dragging myself from the computer into the bed and just thinking oh my god – it was way too much again, I feel like killing myself right now. The inhibition with the depressive feelings also made me self harm once. I've had countless blackouts and incredible delusions of sobriety which lead to some of the worst situations of my life. One time my girlfriend called the ambulance on me because I thought I wasn't feeling anything and kept drinking alcohol which could've been fatal. She later told me that I was falling asleep every 2 seconds mid sentence while talking to the paramedics. Whole family was traumatised. Slept through school on many occasions because I took too much and got screamed at by my mother which was also pretty bad. The inhibition also made me take way too much LSD which is still having a negative impact on my life today. Just overall many horror stories. Probably some more shit which I can't even remember.

I think the last two points correlate a bit so I'm gonna get into that now. I think rap has a very big impact on drug use. Teenagers (including myself) consciously or not take some of their favourite rappers as idols and want to be like them in a sense. The whole "Xanax" thing in rap is really disappointing to someone who has experienced the negative sides of benzos and I believe they should truly be more responsible with this stuff. This also includes opiates. Learning at school

would probably give a better understanding to kids that these are literally anti-anxiety and sleep meds and don't really give you a "high" that's noticeable like weed or alcohol does. They should also mention the high addiction potential and risks of withdrawal which includes death. I myself have been clean from benzodiazepines for a bit more than 4 weeks. I personally feel tho that I've never had an addiction to it and didn't have a single thought like 'man I wish I had some benzos right now'".

#### **40) Gender unspecified, Buckinghamshire**

"I have anxiety and Xanax and valium I occasionally take as either relief from anxiety, to enjoy myself or to sleep. When I was taking pills or cocaine I would use Xanax to sleep after a night out (I don't anymore as I quit them). Now I take Xanax very occasionally because I enjoy feeling calm and the sleep I get from it resets me. I'll probably take it this summer to sleep at festivals as it's harder to sleep then. I don't think I need help for my benzo use because it is always strategic and very occasional. I did use them more when I was at university to sleep when I was anxious about my deadlines but I stopped when life got easier."

#### **39) Man, Bristol**

"I took an array of benzo's (Xanax, Valium, and other research chems) for over 2 years during a bad time of my life. I was depressed and anxious at the time and the benzos took the edge off until the next day. Then I woke up and took more. Repeat cycle for 2 years. I experienced many blackouts, usually when I mixed with alcohol which is a massive mistake. I eventually went cold turkey and didn't taper off which resulted in a seizure. This was an awful experience but also one that helped me see the light in terms of drugs. I still take benzos on rare occasions, when I cannot sleep or when I feel overly anxious. It's a safety net for me, overall this is a bad thing that needs to stop. If I was educated on drugs, I wouldn't have had a seizure."

#### **38) Man, Chatham, Kent**

"I started taking valium and Xanax when I was 18. Due to the nature of the drug I don't totally remember the things that happened but it didn't fuck my life up quite a bit. I ended up being kicked out of uni. The reason I was hooked so easily is because I've always suffered from anxiety so when I first tried it it was pure bliss. I even told myself for a long time that it makes me the better version of me. I think Benzo abuse damages the soul more than anything else I've done, it changes who you are. I feel like I've done unfixable damage to myself but I'm better now. Sorry this stories a bit all over the place, I'm out right now but wanted to help with the harm prevention so young people don't suffer how I did."

#### **37) Man, Leeds**

"I did Valium (diazepam) recreationally at a house party. I purchased it from an unlicensed source. I took around 100mg (5 20mg pills). It made me feel very relaxed but I couldn't really balance properly and lost most of the use of my legs. I also had a lasting effect of amnesia including the evening I took them and the day after I have no memory of. I would consider doing them again as they are fun recreationally however I have not done them since my first time of trying them."



### **36) Gender unspecified, Brighton**

"I used benzos regularly in my teens and 20s. I first discovered them when I was prescribed diazepam, temazepam and lorazepam for mental health and sleep-related issues in my late teens (around 2007, when they were much more frequently prescribed). For a short period of time they helped with the quite serious mental health challenges I was experiencing, and allowed me to feel normal enough to connect with other people. However, ongoing use led to dependence and withdrawal, so I eventually tapered off and only used benzos sporadically if someone else offered them to me. When my use of other drugs and alcohol progressed further (around age 19-20) I started buying illicit benzos to use alongside other substances and/or deal with the comedowns (e.g. after a party or night out using stimulants/MDMA). This was fairly common among my peers at the time, although several stopped mixing benzos with stimulants after an acquaintance died from the same combination. Despite understanding the risks, I still used benzos for this purpose 1-3 times a week.

As I reached my early 20s and began working, I discovered I couldn't trust myself to drink or use stimulants on a work night, so I bought benzos, cannabis and milder opiates (e.g. tramadol/dihydrocodeine) instead to provide the escape I needed. I regularly experienced blackouts, extreme mood swings and cognitive difficulties, but I continued using as I felt completely unable to spend any time alone with myself. Around the same time, my alcohol and drug use led to a very traumatic experience, which led me to stop drinking for 10 months. In that same period, my benzo and other drug use spiralled as a way to cope with the trauma. I didn't seek support until I was around 28 years old, when I approached my local drug and alcohol service. I saw a key worker weekly alongside private therapy sessions, but couldn't attend groups due to a conflict of interest with my job at the time (I was working in mental health). I was referred for residential rehab but there was a long wait for funding so I connected with my local recovery community in the meantime, and by the time the funding became a possibility I had already been abstinent for several months. Through mutual aid and ongoing therapy, I have been free from illicit substances and alcohol since 2017."

### **35) Man, Derbyshire**

"I started taking them after learning my mum had been sexually abused, diagnosed with PTSD, and I had been diagnosed with ADHD. My grandma passed with COVID five months prior. In the meantime, I was trying to get through university and apply for state benefits for my mum. I would say they got through that period stable and calm. I was obviously depressed and anxious without them. I'm now attempting to come off them myself, as admitting to taking them will have my ADHD medication probably revoked. I'm addicted to them now. I started on etizolam going up to no more than 2mg. I switched to valium 10mg, and I sometimes go up to 20mg max. The last year has been the toughest of my life. I regret taking benzos. But I don't know what that period looks like without benzos."

### **34) Gender unspecified, Berkshire**

"To start off, I was an alcoholic and cannabis user already. I used to struggle sleeping, and was going through a particularly bad stage. A friend offered me a Valium one night, to help me sleep well (blue pill off the street). She said she wouldn't give them to me often but I would have one

or two off of her every week. A couple of months later I was drinking with a different friend, he offered me the same blue pills and said they would help me get twice as drunk, twice as quickly. I held out my hand and he poured me a handful. I took two 10mg that day, whilst drinking and went to a family meal, they say I was drooling, rolling my eyes around my head, falling asleep at the dinner table. I woke up the next morning and remembered.. NOTHING. As an alcoholic I have had many blackouts, but since becoming a Valium user I call them grey outs as I had never had a blackout quite like this. I

used them for a further year and 1/2 ish, when suddenly my drug dealer died (the friend who had filled my hand previously). I had no other means of getting the Valium I was now taking daily, for sleep, anxiety at work and social situations and to assist with my drinking. PANIC. I booked an emergency doctors appointment that day, I told the doctor I was grieving and had high anxiety, I needed some TEMPORARY anxiety relief - knowing that Diazepam would be one of the options being a 'short-term' prescription. So I walked out with some pills, but no means enough to fulfil my cravings. I struggled for a week with the lower dose, drinking and smoking more to satisfy the longings for more Valium. I called my doctor the next week and said anxiety was still high. This went on for a couple of weeks, leading him to continue upping my dose.

I was HOOKED. Valium was all that mattered to me. I was numb to every one I loved, unreachable. I had a job which I thrived in, even with the alcohol addiction, and yet, suddenly I wasn't functioning. Colleague's would notice me bouncing off the walls and walking into things. Trying to communicate was painful - to a point where it was easier for myself and those around me if I didn't bother. Mumbles and slurs, losing my trail of thought, replacing words with words that were of no relevance to what I was saying. Once the doctor told me that he would not be upping my dose any further, I broke down and admitted that I needed them, the effect was wearing off and I needed more. He refused and I knew this was it, I had taken this as far as I could and I needed to stop. I was faced with the reality before me. I had no choice. I called my doctor again and poured the truth out to him: "I am an addict and I have been playing you all along to get a fix. Now, I know I need to stop and I need help."

I still remember clearly his response: absolute shock. From that day forward I began to lower my dose. Once at 5mg a day I stopped tapering and quit. That's when the living nightmare of withdrawals began. To this day I have never suffered so much. No amount of grief, heart ache or physical pain has compared. Rocking, shaking and sweating for a week or two. My head felt like it was bleeding - that's how I described it at the time - I have never felt such discomfort - nothing like your typical headache. I was utterly depersonalized, walking down the road screaming. Suicidal. Hurling words of abuse to the people who loved me - I say that they loved me and not visa versa, because at that time I had no love for anyone. I was signed off work for around 6 weeks due to withdrawals. After the 2 week period of initial withdrawals, fluctuations of anger, suicidal ideation, blackout, continued headaches, grief, spasms- which started a few days after I quit, gradually deteriorating but are still with me now in times of stress. These spasms (for the first couple of months clean) would come along mostly whilst trying to fall asleep, like jolts of electricity through my entire body, my legs and arms would go crazy - that has stopped. But I

also had these jolts (brain zaps) in my head, a sudden movement that would turn my head in a flinch, these I still get but only now when anxious, tired or stressed.

When I decided to get clean, I had no support other than NA. NA is/was a huge support - it's having understanding from others, and connections with those who have been there. The doctor had no help to offer me, and was quite happy for me to taper from 5mg, which I know now based on the withdrawals I had - I should have tapered even more gradually. I googled so many times, seeking support and there just was nothing to offer. That's when I found RecoveryPosse on twitter. My recovery has progressed massively thanks to the support from fellow addicts on twitter. I think learning about Benzos at school would be useful- incredibly useful!.. As I was taught about class A drugs and the damages they can cause in school, I was prepared for that. But I had never heard a negative word said about Valium. They are 'anxiety relievers', they 'help you to relax', 'mum's take them' etc. I think it's very important that the knowing of the damage caused by these drugs is spread.

I have been clean from benzos for 1 year and 9 months. Anxiety is still much higher than it should be, I still have moments daily in which I forget what I am saying mid-sentence. But on the whole life is better than I ever thought it could be. Thank whatever you believe in for Recovery!!! I'll finish by saying that the scariest part of a benzo addiction to me.. is the INTENSE LOVE I have for it. I am an addict of 3 substances, and yet Valium had a hold of me that I can't put into words. It was in my mind a 'resolver of ALL problems', and 'multi-purpose drug'. That thought scares me the most. There is an ongoing fight in my mind not to give in to the part of my head that fell in love with it. I didn't know it was addictive before it was too late.”

### **33) Gender unspecified, Bournemouth**

“Originally started to take them in conjunction with other recreational drugs, eg would take them after taking coke at the end of a night out. Would have a stash held in my room for those kinds of situations/take them around with me in case a situation came up. Had some rough periods of time where I would feel unconsolable, feel like I'd be frantic or panicking and resorted to taking benzos to calm down and stop feeling so uncontrollable. Feel like I have some level of control, know the consequences so am wary about how much or often I take it.”

### **32) Man, Brighton**

“Most people don't even realise the bars and Vals they are doing are actually pressed research chemicals. I do really like Diclazepam, Etizolam, Flualprazolam and Clonazolam. However, the only sources of info and harm reduction are online forums. There is very little actual safety data. However, user reports deem these to be relatively safe. The massive potency and increased blackouts do make these benzos a lot hectic than their prescribed counterparts though. At least with diazepam and alprazolam you know what you're getting, how it should feel etc.”

### **31) Non-binary, Gloucestershire**

“About a year ago my best friend at the time was addicted to Xanax. We are no longer friends however when we were I remember thinking something was wrong with him because he acted like a zombie sometimes or really spaced out in conversation, it wasn't until a few months into

his addiction that he told me what was going on. I didn't know how to help him because I was inexperienced with that type of thing. I wish I could have helped him. I saw him gradually becoming more obvious and reckless with his drug use a couple weeks before he verbally told me, it isolated him from me a lot because he was more interested in Xans and other drugs than keeping our friendship. I wish I had knew what to do at the time to help however due to lack of knowledge I couldn't. We are no longer friends and he is still using."

### **30) Man, Glasgow**

"I'm 27, but have been using benzos since about the age of 18. There were times throughout this 9 year period where I've used them probably a bit too much, particularly in the first few years when you could still access research chemical benzos on legal high sites on the clear web. Etizolam was my favourite and I could get stupid amounts for cheap (something like 100 x 2mg tablets for £20ish), so I would just eat them like sweeties with my mates for days on end, while also drinking, smoking weed and/or using other drugs. Because they lower your inhibitions, combined with being young and immature and not really having any responsibilities, I was pretty reckless with them for a couple of years. Fortunately however, I never ended up becoming addicted to them and never experienced any withdrawals. A few of my friends did end up with fairly bad addictions to them though, with some of them experiencing seizures when coming off them.

Since that 2 or 3 year period of recklessness, my use of benzos has become more sensible as well as functional. Over the last several years it's mainly been alprazolam I've used, simply because it's much more easy to find than Etizolam now. While I occasionally still use them for recreational purposes from time to time to just relax and get stoned with my friends/girlfriend, over the last five years or so I've basically only been using them for certain specific purposes: as an occasional tool for self-medication of anxiety; to reduce the negative symptoms associated with comedowns from recreational stimulants like cocaine, MDMA, mephedrone etc; as "trip killers" when using psychedelics when I no longer want to be tripping, either because I'm having a bad trip or just to smooth out the transition from tripping to (relative) sobriety; and to help alleviate boredom of travelling long journeys by train or plane (as well as "speeding up" the journey as time just sort of flies by and/or I just fall asleep and wake up at my destination).

I would describe my use of them nowadays as more functional (i.e. serving a particular function) than recreational. All in all, nowadays it's only about once (max. twice) per week that I use them, sometimes even less often than that (e.g. once in a 2 week period), and it is only ever in one of these specific scenarios. In that respect, I find benzos actually a very useful thing to have lying around, with the constant caveat that they can only be used sparingly if you don't want to end up with any issues. Of course, I'm aware I have to be very careful when it comes to self-medicating for anxiety, but it's not very often I feel so anxious that I feel a need to use them. They're more of a last resort kind of thing. But for the last few years I would characterise my relationship with benzos as actually relatively "healthy" compared to most people who use them, and certainly compared to how I used to use them myself when I was younger where I would frequently black out for several days.

Learning about benzos in school would have been incredibly useful from a harm reduction perspective, much like with all drugs. I think myself and my friends could have benefitted enormously from some honest, evidence-based harm reduction education which would have empowered us to make informed decisions about their risk, particularly the risk of respiratory depression when combined with alcohol or other CNS depressants, as well as the severity of addiction they can produce and the horrible withdrawal symptoms like seizures. In my opinion, harm reduction education should be a mandatory subject in all schools, for all types of drugs. I think there is some link between club culture and benzo use, but it's maybe not the most important factor. I've heard of some people using benzos for going out to clubs etc., but I don't know any personally. I think the main link to club culture is in the use of benzos to help with stimulant comedowns, in the way I have often used them myself."

**29) Gender unspecified, London**

"I bought street Valium after trying it at the hospital once (they gave it to me because I was having horrible seizures as a response to too much nausea medication). Having always had insomnia problems, I took it to help me sleep for a while, especially since I was going through a hard time and overthinking a lot at night. I also took it with weed at times. This went on for a couple months. I stopped because I was always so drowsy and defeated the day after. And as my mental health improved, I no longer needed a sleep aid as much."

**28) Gender and location unspecified**

"In my experience, benzos are suuuper addicting. I used to steal them from my grandma. They make u feel numb and that makes anxiety go away which is nice but I regret most of those times because it erases your memory. I usually have rilly good memory but that period of my life is kind of blurry."

**27) Non-binary, Sleaford**

"I struggle a lot with mental health issues, constantly feeling on edge and unable to relax. When I can find them, either Valium or Xanax they are pure bliss I just sit and watch TV after taking them. But I get a taste for them immediately and spend days on end a zombie, terrible memory, mood swings, absolutely no motivation to do anything even eat. I always go back to them because I always feel like a need periods of relaxation. I've only blacked out once and I did actually do anything just fell asleep. The drug and mental health services in my area are awful I've had experience with a few and got absolutely 0 support, but with benzos I've never really felt like I didn't support for it because it's not an everyday thing – it's as and when I can find them. I think all drugs should be taught in school because we need harm prevention. Drug use is part of human nature. I don't know about the club scene but I know for certain that uppers like cocaine and MDMA go hand in hand with benzos speaking from experience needing to taken them after a session."

**26) Gender unspecified, London**

"My experience with benzos is quite neutral I'd say. There were phases in which I'd take them for a couple of weeks straight, but I never experienced tolerance or withdrawal. I always stopped after I realised it had been two weeks because I was always well aware of the potential

risks of dependence sometime beyond that timeframe. I took Xanax for the first time quite young, because my dad had it in his cabinet and I was curious. I don't remember it being anything special. I just slept a lot, and didn't touch benzos until sixth form, when I actually started enjoying them. I always took them alone, and always stole them from my unobservant dad, who I'm pretty sure thought he lost the bottle himself (it was drops of Alprazolam not bars).

The main reason for taking them was that, under the pressure of exams, I began abusing my ADHD meds + red bulls to stay up at night and study. This abuse of stimulants obviously meant that I sometimes found myself unable to sleep or even remotely relax for a couple of days. I felt uncomfortably alert and anxious and in a constant state of anticipation, obviously sleep deprived and unable to focus. When I took Xanax I could finally sleep, and my body and muscles no longer felt so uncomfortably tense. Under stimulants everything was so noisy, and Xanax made everything feel more peaceful and quiet. So for a short period of time I began this cycle of stimulants during the day and Xanax at night. I soon stopped because I realised I was doing myself harm.

During uni this happened again a couple of times, but I no longer had easy access to benzos (although I did have easy access to stimulants), and I think I finally learned to be responsible with my meds. I realise this was a dumb move, but there was also a phase when I used (street bought) Xanax because I was so bored all the time and I had nothing to do at night so I just either smoked or took Xanax to force myself to sleep early. This was when I was living alone during lockdown and didn't see anyone for weeks. This didn't go on for long, and I had some remaining bars. The last time I took a quarter in September to fall asleep after taking what I thought was MDMA (but I'm pretty sure it was mostly something else), which had made my muscles very tense and I couldn't stop my jaw from trembling. I didn't take more than a quarter because I think I read somewhere that benzos might worsen MDMA neurotoxicity, but I don't know whether that's true. And that's pretty much it. Benzos have helped me at times, mostly in relation to other drugs, but for me it really wasn't that special. I'm keeping the bars because in case I decide to do psychedelics again I like the idea of having that option if I get anxious while tripping.”

#### **25) Gender and location unspecified**

“I can't begin to explain it, but there is something about benzos that I am severely addicted to. I have never done anything where taking just one pill can completely take me over. I would pop them like candy and I won't stop until the entire bottle is gone. It is really scary. I hate how I used to act because I am a totally different person. I lie, I steal and always pick fights and start arguments... Just to wake up and try to remember what the hell happened. It was so embarrassing because I ALWAYS blacked-out. The worst part is that I can't even count how many times I've died due to mixing with Fentanyl 😞 EDUCATION IS KEY! We are literally walking zombies <https://www.vice.com/en/article/4awv3d/rise-of-benzo-laced-fentanyl>”

#### **24) Gender unspecified, Leeds**

“Struggled with Valium abuse last year was taking large amounts and tolerance built up quickly. To initially help sleep post recreational drug use and then to sleep longer/feel out of it and

relaxed. I was making bad decisions and not thinking how my actions impacted those around it, almost felt like nothing had any real consequences. I would always black out and not remember anything for whole weekends at a time whilst using. Yes there is a link between club culture and Benzo use. Was called out on my behaviour and addiction by a friend and made a decision to stop cold turkey. They're scary drugs."

### **23) Man, Leeds**

"Tried a pill of Xanax and had a nice experience. It took about 30mins to kick in but afterwards felt really relaxed and just felt stress free. After about 2 hours however the rest of the night was a blur I didn't remember anything about even getting home. Would do again."

### **22) Man, Birmingham**

"I started using illicit benzos to cope with the 'come downs' from cocaine and other stimulants. My experience was a positive one, however the benzo use did creep up on me and I began to self medicate my (day to day) anxiety and boredom. This led to using throughout the week and increased my tolerance, I had to taper off on my own as I did not receive help from my GP."

### **21) Man, Bristol**

"Benzos were the worst thing that could have happened to me. As a 16 year old, I became heavily addicted to the point where it was all day everyday. The worst part is you don't realize what it's doing to you at the time, or remember I lost a solid three months of my life. You don't care about anything else but the benzos, it got to the point where I lost my job, friends, and partner. Luckily I managed to get out just before the seizures happened, but it's a slippery slope and not one I wish anyone to go down."

### **20) Man, Brighton**

"I took benzos with varying degrees of regularity for about 2-3 years. In that time, I would go through periods of heavy benzo usage (anything from a couple of 10mg Valium to one or two 'red devil' Xanax on nights out). While I wouldn't say I was ever physically addicted as I never felt like I needed benzos or couldn't stop taking them, I was nevertheless surrounded by people who either were or took them regularly on nights out which encouraged me to do the same. I was initially attracted to benzos owing to how cheap they were, and when taken with alcohol, how they could have a very strong effect for such a low cost. There are more nights than I can count which I have no memory of at all owing to this combination, something which I regret deeply as I was known to become aggressive very easily while in that state. What's more, this change in mood could easily persist for weeks, especially if I was taking benzos regularly in that time. I also found myself growing apathetic and disinterested with anything apart from smoking weed, playing video games and going out. Having watched friends go through cycles of addiction, withdrawal and then addiction again, even going so far as to celebrate what was rapidly becoming a heavy benzo taking culture, I slowly started to reduce my intake of the drug.

Multiple times I have been scared for a friend's life owing to their benzo habit, and multiple times have I seen at-risk individuals become addicted to the drug as it offers escapism. I myself have had incidents on benzos where I have cut myself after ingesting 10-20 10mg Valium, and had no

idea why I had decided to do that the next day. As well as all this, one of my deepest regrets from that part of my life is the fact that I have an incredibly patchy memory of around a year (mainly my first year of uni) of my life. I don't know how many memories or experiences I have lost due to my benzo usage back then, but they are parts of my life that I will never be able to get back. Ruminating on this makes me depressed, occasionally, as no-one should have their memories taken from them by anything, let alone a drug. The ease and the cheapness at which benzos can be obtained is a massive issue, and puts at-risk individuals in great danger of becoming addicted. Self-regulation is hard for at-risk individuals, especially when benzo taking is seen as a norm or even celebrated amongst groups of friends. Having more knowledge about these drugs and their effects taught from a young age would be incredibly useful in my opinion, to prepare people for the inevitable point in their lives when they will come into contact with benzos, and what to look out for in terms of risk.”

**19) Man, Oxford**

“I don't know if Xanax are included but i used to sell hundreds of Xanax. I never even tried them myself. I heard stories from one of the people I was supplying to that people would try and sell their shoes to him they got so desperate. I was at my friend's and show offered me a Valium which I had done before and was comfortable with, I dropped it.. hmm not enough, so I did some more. I had gone to this friend's house on Friday and told my housemate I'd be back later. I woke up.. on Monday. 5 missed calls from my boss. Apparently we stayed over, did some more and then again, That was also the day I contracted covid (well not really but that's what my work thought). That was also the day I stopped selling those drugs as I realised how dangerous they are.”

**18) Man, Lancashire**

“I've taken 450mg of Pregabalin and saved a lot of money on alcohol, it's way too expensive in clubs these days.”

**17) Did not consent to research data usage**

**16) Man, West Midlands**

“I started using benzos after I went to 6th form at about the age of 18. They were exceptionally cheap and readily available from my weed dealer, and I initially started using them as a replacement for weed that didn't intoxicate me as much so I could focus more on my studies. I have always been a socially anxious person and they allowed me to loosen up and relax without stinking the place out of alcohol or weed. My use was moderate at first, but quickly became more and more regular. What started out as cheap eventually became a fairly expensive habit for someone with very little income.

In a tale as old as time, I figured out I could purchase them cheaply in bulk (legally online at the time as various benzo analogues weren't controlled substances). I had quickly progressed from a user to a dealer, and as word spread that I had lots of them all the time I would sell them to friends and friends of friends at parties. They were novel to a lot of my customers and they had no idea to handle them, and I kept hearing horror stories of them waking up in bushes, missing



work, missing college and the like. Unfortunately by this point the effects of regular, heavy benzo use were beginning to render me very apathetic to the harm I was doing to myself and others.

I was floating around in a haze constantly, starting and finishing every day with a few and taking them constantly throughout the day. The physical side effects started to mount, starting with drowsiness, forgetfulness, clumsiness, and progressing to the point where I was wetting the bed on a regular basis and falling asleep in inappropriate places. My grades suffered, my friendships suffered, and it got to the point where people close to me were pointing out how bad I was getting.

Of course I was completely oblivious to all this, as people on GABAergic depressants usually are, and so carried on using more and more until I was taking up to 10-15mg of Etizolam a day (equivalent to about 100-150mg valium). I remember at my worst I bought a bag of 1000 and split it with one friend, and went through my whole 500 in about 3 weeks. I must have sold a few but I'm positive I ate the bulk of them. One morning before college I woke up and went for my morning piss, when everything changed. I looked down and the stream of fluid coming out of me was closer to red wine than urine, and my whole world stopped. It suddenly dawned on me that the massive amount of drugs I was taking on a daily basis probably wasn't as harmless as I was kidding myself to believe, and I told my parents about the blood in my urine and got an appointment booked at the GP. They had been concerned at my obvious symptoms but had more faith in me as a person than I deserved.

When I told them about the drug use they were massively concerned and disappointed, and it was back to the GP the next day to fess up about the true cause of my health problems. I was booked in for a cystoscopy to determine the cause of the bleeding. For those not familiar with the procedure this is a camera inserted through the urethra into the bladder, and it was just as horrible and traumatic an experience as it sounds. It's usually made slightly more tolerable by giving the patient benzos, but obviously with my addiction I was afforded no such luxury. What I didn't realise was that having a camera the width of a 2B pencil forcibly inserted into my penis was far and away less painful and uncomfortable than what I had to come.

Coming off benzos was the worst thing I have ever experienced. They are one of the few drugs you cannot quit cold turkey as the risk of a fatal seizure is too high. It involves stabilising yourself on a benzo with a long half life such as valium, and then slowly tapering the dose down over a period of months/years. For me it took about 18 months to come off them completely. 18 months of feeling effectively the opposite of what you feel while taking them: anxious, panicky, depressed, uncomfortable, combined with physical side effects like hypersensitivity, inability to sleep, inability to concentrate, sweating, the whole 9 yards. I described it at the time as feeling like the room I was in was on fire without being able to do anything about it. For 18 months. I ended up substituting the benzos for alcohol which again took some therapy and drug counselling to normalise, but fortunately by the time I was 21 and off to uni I was completely off them and feeling just about back to normal.

I would go on to use them recreationally and functionally a few times after that (I still take them occasionally for high pressure situations like interviews and public speaking), but the scars of what I went through prevented me from ever seriously relapsing. All in all it was the stupidest thing I ever did by a country mile. It cost me pretty much two years of my life, nearly cost me my ability to go to uni, could have easily cost me my life. I know multiple people who died doing the drug combinations I did on a fairly regular basis. In that sense I'm one of the lucky ones, and hopefully writing this down for the first time since might go some way to preventing someone else losing their life to these insidious, dangerous drugs.

Used properly they can be very useful tools, but using them as an intoxicant for intoxication's sake is a very slippery slope to an addiction that is by a lot of accounts worse than opiates, and I think a lot of people don't understand that. More education on just how horrible these things are to come off is imperative, as well as how dangerous they can be in combination with stimulants and alcohol. They might seem like a great way to fall asleep after a rave or calm yourself down for a big occasion, but any sort of dependancy on them is a guaranteed ticket to hell, and there's no such guarantee of a return trip."

#### **15) Man, Nottingham**

"Taken Xanax a couple of times, first time at home during lockdown. Don't remember anything from the night or following day. It was my 2nd day in a new job in a shop and I threw up on the floor, no memory of this. 2nd time I was meant to pick my girlfriend up from the station and I slept in 5 hours late. She went home and told my mum she thought I was dead. My friends continue to use them I do not. They never remember their experience and are always out of it at the time. Zombie like"

#### **14) Man, Brighton**

"I've tried them maybe a handful of times a few years ago. My perception of them, from what I remember, was that they were a cheap fun way to get a little silly. I've seen and heard about others getting hooked on them which gave me the impression that it could very easily become a dangerous game. Being cheap and fun initially but soon becoming a bad habit. I don't remember much aside from a few things here or there. There were others that I knew who used them far too regularly and some people who had to keep upping their doses to ridiculous levels in order to keep the same effects. Some people would get aggressive and punch lights in the street. Some would slur their words and just act drunk. In my eyes, I am not opposed to doing it once or twice a year recreationally although I haven't touched the stuff in a couple years. But I understand that it can be a very addicting slippery slope for certain people."

#### **13) Gender unspecified, South London**

"I've taken 2mg Xanax on multiple occasions and multiple at once time. Sometimes I have positive experiences but the negatives outweigh the positives unfortunately. On a come down (from a few different drugs) but mainly Xanax, my moods were intensified and I got upset about something and attacked someone. The last time I took a Xanax, I got arrested in another country and have no recollection of that night."

### **12) Gender unspecified, South East London**

"They ruined mine and people around me's lives. They made me overly aggressive and careless and a few times I'd just walk into shops and full heartedly shoplift walking out with arms full of shit. You have no care for friends or family and can feel no passion for things you love it's so dangerous because you could honestly do anything and half the time not even remotely remember it. When I was using them regularly I now cannot remember chunks of time around that period I've lost months of my life, please anyone reading this and struggling get the help to get clean. ❤️"

### **11) Man, Leicester**

"Have been a long term multi addict from 17, now 22. The only thing I can't kick is the benzos. I started because they made me feel normal (self medication) and the feeling was amazing, being care free and it was a feeling I wanted to feel forever so my doses increased from 6mg Xanax or 3mg flualprazolam spread over the weekend to a point where I was taking 20mg of Xanax or 10mg of flualprazolam daily and barely feeling it. What scared me were the 4 seizures I had every time I tried to stop, either tapering with strong benzos or going cold turkey. I am scared of going to the GP to ask for diazepam to taper as I feel I will be rejected and will have to come off of fake (research chemical) benzodiazepines. UK GPs don't like to prescribe benzos even if you show them the Ashton manual (a guide on tapering down your dose safely) and I'm so scared of having another seizure and of the damage it does to my friends and family."

### **10) Man, Brighton**

"Previously used small amounts for when at my lowest point mood wise to help me function day to day. Taking them didn't last long as didn't like the effects like memory loss etc. I still have the left over prescription and am always tempted by them when feeling overwhelmed or anxious but I know the negatives outweigh the positives so don't - still don't throw them away though. I also tried overdosing on them and alcohol at my lowest point mood wise."

### **9) Man, Brighton**

"I have seen tons of my mates take them and it only ever seems to end up in them stealing from each other or fights happening so from my experiences I think they only bring the bad out of people."

### **8) Man, East Sussex**

"Horrible stuff, arguably worse than heroin as it's so much more socially acceptable and easier to get your hands on."

### **7) Man, London**

"I took Valium as somewhat of a party drug throughout year 11...however naturally it made me the worst possible person to be around at a party. I would sit on a sofa the whole night like a zombie just sort of existing. The next morning I'd have very little memory of what happened but would convince myself that 'I may not remember it but I can tell I had a sick time!' Luckily the Valium's never truly took hold of me and I was able to simply walk away at the end of the year. However a few months later we had a drug talk at school and I had no idea how lethal a

combination of Valium and alcohol could be, having drank heavily on them many times. Had I had this information earlier I wouldn't have taken the risk so I think it would be amazing to have some sort of education around them in schools!"

#### **6) Man, Brighton**

"I took Benzos on numerous occasions over the period of about a year, always with friends and just to have fun. The ones I tried were Xanax (although they were most probably fake) and codiene. From what I remember of the experiences, it was a fairly enjoyable experience taking them with friends, but looking back on videos of myself and others under the influence of Benzos really puts into perspective how out of control we were. I felt like I was a totally different person on Benzos and made decisions I would never normally make. I don't plan on ever touching them again. I think there should be more accessible education on Benzos and the dangers of taking them available to young people so fewer bright minds fall down the rabbit hole."

#### **5) Man, London**

"I started using benzos to help with my anxiety. I was buying 10mg roche valium direct from the dark web. Ended up taking them an awful lot. sometimes 15+ tablets a day. It would just knock me for 6. I am currently still using actively. Taking 20/30mg just to be able to sleep, because if i don't the chances of sleep are below 0% haha. I wouldn't recommend benzos to anyone, whether that be Valium/Xanax. Unless it's prescribed by a doctors, don't let yourself get drawn in, by the 'Hype' of American rappers making out it's a fun thing to do. I had a seizure because of a mixture of Valium & Xanax and alcohol. Luckily i was with someone who hadn't taken any and he was there to support me. But blackouts are a regular occurrence, and the memory loss, especially from xans. Stay away kids. It ain't worth it. This is coming from an active benzo abuser, addict, whatever you wanna call it."

#### **4) Man, Southampton**

"First of all I'd like to say that the world of benzos was opened up to me when i was prescribed them during my chemotherapy. I later went on to abuse the prescription benzos by mixing them with alcohol, it was mainly to escape the situation i was in. Not long after i turned to sourcing my own benzos and using them recreationally. Alprazolam was my favourite but I also used diazepam lorazepam and temazepam. My experience with recreational benzos is negative. It obviously felt very nice and no other drug has given me the same feeling but it quickly turned to addiction.

It was effecting how I interacted with my loved ones and stopped me from engaging in my hobbies. I experienced many blackouts on benzos. My worst being when i fell down the stairs and went to hospital; i walked out of the hospital and was incredibly disrespectful to my family and i don't remember a thing. During my main course of addiction there were days that I barely remember and weeks that are missing from my memory. I never looked for support on my benzo addiction because I didn't want it to stop. Even when I made myself stop I never told anyone because i wanted the fall back option of going back to them. I only got support from my family when i had a very bad black out because i couldn't hide it at that point. I told my psychologist

and my doctors but i have still never been offered support for it. They didn't seem to take much notice and continue to prescribe me a range of addictive substances.

Learning about benzos and drugs in school would be incredibly beneficial. When they educate student on drugs they give an entirely unrealistic representation and just say "don't do drugs." They should really focus on these prescription medications in school because they can go so unnoticed. Where they are often prescribed by a doctor people don't seem to worry as much, but in my opinion benzos are the most dangerous drugs out there especially considering the lack of education surrounding them. I don't think there's a link between club culture and benzo use. I think the main link is the lack of education of the public and doctors. Some doctors overprescribe benzos and the effects of that can be seen everywhere."

### **3) Man, Cumbria**

"I'm now 20 and have been using various benzos since 16. I started off occasionally taking Xanax with mates. But by year 12 it had got much worse, and I was buying Xanax in bulk lots of between 100 and 5/600 pills. At my worst I was taking 8-10 a day regularly, it would be the first thing I did in the morning and the last thing I did before sleeping. Towards the end of year 12 I started using cocaine regularly as I was also selling it, so my benzo use reduced but I would still be taking Xanax/valium most days. For the past few months my cocaine use has been heavier than ever. I have been taking between a quarter and half ounce a week consistently for almost a year. During this time I have also been taking lots of valium. Not every day but when I do take it I'll take 20-30 in the space of 24 hours easily as my tolerance has built up a lot. I think the reason I take benzos is to block out bad thoughts and bad memories and just generally be able to enjoy life more. I've never actively sought after support for benzo use, however I was given information by my doctor on how to get help after I went to hospital after taking around 15-20 valium in a few hours. I'm generally pretty cautious about when I take benzos I'm case I do blackout. The first blackout I had was when I was 17, I took 3 Xanax before bed and the next morning crashed in to a neighbour's car. Later that day I went to a concert and I have no memory of that. Another time more recently I took 25 klonopin in a couple of hours and the next day I was sent home from work because I was still visibly fucked. Learning about benzos at school would definitely be useful because there were lots of others similar ages to me who were using benzos."

### **2) Man, Eastleigh**

"Every time I've done benzos they have turned out to be fake. On the other hand people I have met have had such a crippling and debilitating experience/addiction that has forced them to go on too harder drugs. I've had close mates not even recognise me and not recognise what they are doing so benzos are a scary thing. I can understand them medically but after seeing too many people abuse them, all I see it as is a home wrecker/an easy way to lose your life."

### **1) Gender unspecified, Manchester**

"My dad takes them (prescribed). I tried them in school to knock me out because I found it hard to sleep. I used to take 4 tablets of 5mg a night and it used to knock me out. My mates said I used to call them and talk absolute gibberish when I was on them- I used to not remember even

calling them. Now I take 2 tablets if I feel like my anxiety is unbearable. They calm everything down (mind and body) and stop me from worrying about stupid shit. They make me feel really really relaxed and at times euphoric. I'm 22 by the way."