



# How to Find a Doctor and More: 10 Tips to Quit Benzos

As the founder of a nonprofit whose mission is to educate about the potential adverse effects of benzodiazepines, I'm frequently asked "Where can I find a doctor to help me come off benzodiazepines?" The better question, in my opinion, is "How can I be successful coming off benzodiazepines?"

To help people answer that question, I'll share some tips that may help ensure a patient's success, whether they have an expert doctor or not. While not comprehensive, the list below outlines some of the most common guidance for those wanting to stop benzodiazepines.

Please keep in mind these tips were compiled based on firsthand experience and anecdotes from others. and I am not a medical professional and none of my opinions should be construed as medical advice. Please see our medical disclaimer for more information.

## 1. Join an Online Support Group

Relying solely on the medical profession is insufficient— one must truly understand what they are up against. This is best learned in support groups, which contain the most accurate information about benzodiazepine withdrawal (note that there is also a lot of inaccurate information, and that interacting with other tapering individuals can provoke anxiety). One must be patient and discerning, but the knowledge is there. Some recommended groups and websites for support can be found in the Resources section of our website.

## 2. Read the Ashton Manual

This doesn't mean one must strictly follow the Ashton Manual, as better options exist. However, the Ashton Manual is an expertly written guide answering common questions for laypeople about benzodiazepine withdrawal.

## 3. Accept that there aren't (m)any benzodiazepine withdrawal experts. Focus on finding a prescriber who is willing to work with you instead.

Many people frantically search for an "expert" to help them with benzodiazepine withdrawal. While some prescribers may claim to be experts, the sad reality is that they

usually are not. These searches often waste resources and time that could be spent tapering correctly and recovering. Also, the more “experts” consulted, the more vulnerable one may be to dangerous and deadly prescriber errors. Some of the most common prescriber errors are discussed here. Most who successfully taper off benzodiazepines do so without an expert. In fact, while ill-advised, many patients report to us that they avoid informing their prescribers that they are tapering due to concerns over risks of being “cut off,” especially if they have had a poor experience with a past prescriber.

Some prescribers really do know a lot about benzodiazepine cessation, but they are rare and the exception. So, instead of “expert,” search for “benzo-cooperative” prescribers— having one in your corner is the best case scenario.

“Benzo-cooperative” prescribers are willing to:

- taper at your desired/required rate.
- refill the prescription for the duration of the taper.
- accommodate switching to a liquid compound or longer-acting benzodiazepine (should you require one) at the appropriate equivalence.

Unfortunately, many prescribers get skittish when approached about benzodiazepine cessation, leading to harmful and sometimes deadly results. Many prescribers overreact to a patient’s request to come off a benzodiazepine or their reported withdrawal symptoms and force their patient to “cold turkey,” or taper too rapidly, or just drop the patient completely. This is reported frequently, so I want to warn clearly on this: Have a backup plan, including an appointment set with another prescriber, before having the cessation conversation with your current one.

A list of prescribers given positive feedback by patients and/or who expressed a willingness to be “benzo-cooperative” can be found on our site. That said, many resign from the list, exhausted by the real needs of the tapering, and some are removed due to poor feedback, so keep this in mind with your expectations.

#### **4. Avoid addiction language when describing your benzodiazepine problem.**

Learn the difference between physical dependence and addiction. Inappropriate language undermines your own success, your ability to get prescriber help, harms other patients, and only serves to broaden the already-large pool of ignorance surrounding benzodiazepines. This topic is explained extensively in other blogs, including here, here, here, here and here. If you are determined to call yourself an addict, I beg you to read them and consider why you should stop.

## **5. Don't go to rehab if you are a compliant patient (with a few exceptions).**

As an organization, we, in general, warn against compliant patients going to rehab or detox for benzodiazepine cessation. Before considering this approach, find our reasoning fully outlined here.

## **6. Know the equivalence conversion and how to crossover.**

Many patients decide to switch (aka “crossover”) from a shorter half-life drug to a longer one, like Valium. To add further confusion, there are multiple benzodiazepine equivalency charts, many of which may under-dose some patients. Although the Ashton Manual guideline has higher equivalent doses than others, it is the most evidence based in a real clinical setting. That said, these charts are just a guide and true equivalences may vary amongst individuals.

Switching directly from one benzodiazepine to another without a transition period is also not advised. The crossover charts in the Ashton Manual give specific instructions on how to do a stepwise transition.

## **7. Recognize some patients will be fine regardless of approach.**

Benzodiazepine withdrawal severity is a spectrum. A percentage experience zero to minimal withdrawal symptoms; they will not have problems regardless of the approach. Unfortunately, medicine often regards this as the norm, erroneously attributing the luck of easy withdrawal to the skill of the prescriber or the cessation method. The truth is that there is no way to tell in advance where any patient will fall on the withdrawal spectrum. It is good to recognize that asking others what they did and assuming their outcome applies to you will not provide much insight into what your experience will ultimately be.

## **8. Know that taper rates provided by medical professionals are often arbitrary and overly rapid.**

Most prescribers choose an arbitrary taper rate for benzodiazepine cessation based on available doses. Examples include advice to cut a pill in quarters or halves every few days, regardless of the total daily dose, to skip doses, or to reduce by 20-25% (or more) per week. Most patients blindly follow this as they trust their prescriber, not realizing these tapering suggestions are largely unresearched, and can be damaging or deadly. According to Schweizer et al, reductions implemented by many physicians of 25% per week have a 32-42% failure rate. Even the FDA manufacturer cessation rates

have high failure rates. A review by Nassima et al concluded that the FDA's Xanax tapering recommendations are too fast.

## **9. Have your own taper rate and method in mind. Start low, go slow.**

Many support groups will provide you with a printable taper plan to present to your prescriber (e.g., a liquid microtaper utilizing a 5-10% per month reduction rate). Since everyone is different, going slow at first is the most sensible approach. If no issues are experienced, one can always speed up, while those who struggle can prevent damage and even slow down. It is important to note that some patients report relatively easy tapers and then have problems AFTER being off. This usually takes a few weeks to manifest and can become severe for long periods of time. Because of this, in the spirit of caution, Ashton's recommended reduction of 5-10% every 2-4 weeks is a still a good guide even for low-symptom and symptom-free tapers.

## **10. Polydrugging and supplements don't solve benzodiazepine withdrawal.**

Many benzodiazepine taperers inquire, "What can I take to get rid of my symptoms?" While the desire to lower or avoid suffering is understandable, the evidence for utilizing nearly all medication and supplements to "treat" benzodiazepine withdrawal is very low, unconvincing, or nonexistent. In fact, the British National Formulary and Dr. Ashton specifically warn against polydrugging and supplements. This does not mean you should avoid everything, including things you are medically advised to take. Rather, be your own advocate and do your own research, being aware medications and/or supplements are often ineffective at reducing withdrawal symptoms, while simultaneously carrying their own dependence and withdrawal potential, and are even sometimes even anecdotally reported to make things worse.

Hopefully you find these tips useful in your own journey. I wish you well.

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