

Benzodiazepine Use: Navigating Crucial Conversations

Objectives

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The objective of this session is to provide practical information for providers when discussing prescribing, tapering or decreasing of benzodiazepines. Included are helpful ideas such as a substance abuse contract and a patient education brochure to help initiate dialogue with patients.

What is the concern?

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During an interview on benzodiazepine use and opioids with the Washington Post Rear Admiral Susan Blumenthal stated “They act like a dimmer switch on the central nervous system. When taken in combination, a person’s breathing and heart will slow down, and can ultimately stop. People can go to sleep and never wake up.”

Long term benzodiazepine use leads to individuals being psychologically and physically dependent on the medication.

What are the risks?

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- According to the Washington Post one in three unintentional overdose deaths from prescription opioids also include benzodiazepines.
- The increased use of the combination of pain medications and benzodiazepines is a dangerous trend. To help address this issue the FDA recently issued new black box warnings.
- Many patients underestimate the extent of impairment from taking benzodiazepines and when using pain medications or alcohol the risk of overdose is greater.

Additional Risks

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- Long term use increase the risk for addiction, withdrawal, cognitive impairments, falls, and injuries from motor vehicle crashes. Some studies indicate there may be an increased risk for dementia.
- Many clients with long term use could meet criteria in the DSM-5 for Sedative, Hypnotic or anxiolytic Use disorder.
- The risk of driving while taking benzodiazepines is the same as the risk of driving with a blood alcohol level between 0.050% and 0.079%.

Special at risk populations

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- White women are the most likely to be prescribed both benzodiazepines and opioids, putting them at the highest risk.
 - Individuals with a history of substance abuse or alcohol.
- Elderly individuals at increased risk for injuries from falls when taking benzodiazepines.

Reasons it may be difficult to approach this issue with clients?

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- Clients may have been on the same medication for years so why change?
- Often clients are prescribed benzodiazepines by other providers, so when you indicate you will not continue the medication clients do not understand why.
- Clients may become angry, fearful or upset when the topic is discussed. Some may even threaten or behave inappropriately.
- Some providers continue the medication for years due to reluctance of bringing up the topic of decreasing or tapering.
- They may not want to confront or upset clients.
- Concerned that clients will leave the practice and seek treatment elsewhere.

Recommendations

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- Use of a controlled substance agreement or contract.
- Utilizing patient education materials see brochure example.
- Other recommendations include:
 1. Psychotherapy treatments for example psycho-education, CBT (cognitive behavioral therapy) etc.
 2. Use of other classes of medications indicated for the treatment of anxiety, insomnia etc.

What is a Controlled Substance Contract?

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- Some organizations require clients to sign an agreement or contract agreeing to comply to certain conditions when prescribing controlled substances.
- A controlled substance contract or agreement is somewhat similar to the contracts used with providers prescribing painkillers and opiates.
- The contract is a useful tool for the prescriber and organization in setting guidelines for obtaining controlled substances.

What is included in the Controlled Substance Contract?

(Here are a few examples)

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- No early refills or replacement scripts.
- Changes of the controlled substance is up to the provider if or when they determine it is necessary.
- No tolerance of threatening or harassing behaviors towards staff regarding controlled medications
- If clients obtain medications from an outside provider which is giving the same or similar classes of medications they may no longer receive provider services.
- The agreement may also include requirements to participate in other services.
- Routine random drug screenings.

Utilizing patient education materials

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Having a brochure that easy to read and informative for the provider to hand to clients may help open the door to a needed conversation on benzodiazepine use.

See the example attached of a brochure.

Please feel free to utilize it for your purposes.

Educational brochure

FYI

Some mental health providers are now requiring clients to sign a contract when prescribing controlled substances which may also include drug screenings.

FDA recently issued a Black Box Warning on the opioid and benzodiazepines regarding the dangers of mixing the two drugs.

Prescriptions for controlled substances are tracked by the Indiana Prescription Monitoring Program also known as Indiana Inspect, which now contains the shared data from contiguous states and 22 states in total.

Resources

1. Washington Post article "FDA requires new warnings on danger of combining opioids, benzodiazepines" www.washingtonpost.com/new-to-your-health/wp2016/08/31/fda-requires-new-warnings
2. SAMHSA-Substance Abuse and Mental Health Administration
3. National Institute on Drug Abuse-the science of abuse and addiction
4. NCADD-National Council on Alcoholism and Drug Dependence
5. Inspect Indiana's Prescription Monitoring Program

Please feel free to use this brochure
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Lets talk about benzodiazepine use

Navigation Crucial Conversations



This is an informational
brochure about
benzodiazepine use,
tolerance, dependence,
withdrawal, and
recovery

What are Benzos?

- ⇒ Benzos are also called benzodiazepines. A few examples are Xanax, Klonopin, Ativan etc
- ⇒ They are listed by the DEA as a schedule IV controlled substance. That means they have potential for abuse, addiction and diversion.

What do they do?

- ⇒ These drugs slow the activity of the central nervous system, and the messages going between the brain and the body.
- ⇒ They are used for various conditions such as anxiety, insomnia, seizures or during medical procedures etc. Dependence and tolerance may develop if you take them longer than one month.
- ⇒ When used in combination with other drugs they can slow your body's natural responses and even stop your breathing.



What are the risks of taking benzos for longer than a month?

- ⇒ Long term use can cause dependency which means if you stop it abruptly you may have withdrawal symptoms that could be severe.

- ⇒ You may also develop tolerance so that the medication no longer works for the condition it was prescribed or you need more of the medication.



- ⇒ If you are using alcohol or taking pain medications such as an opioid it increases the risk for respiratory depression, coma or death.

- ⇒ It can lead to loss of memory, difficulty concentrating, changes in emotions and motor skills, studies indicate it may increase risk for dementia.

- ⇒ You are at an increased risk for having an accident when driving.

- ⇒ Elderly individuals are at increased risk for injuries from falling.

How can I stop taking them if I have been on them for a long time?

- ⇒ Do not stop taking abruptly. Discuss with your provider about a tapering plan.

- ⇒ Tapering should be individualized and can take as little as a few weeks or months.

- ⇒ Example of withdrawal symptoms may include: increased anxiety, tremor, irritability, restlessness, dizziness, sweating, insomnia, withdrawal seizures etc.

- ⇒ Discuss with your provider alternative ways of dealing with your symptoms including therapies such as CBT (cognitive behavioral therapy).

- ⇒ Discuss with your provider any questions or concerns.



Discussion and Questions?

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References and resources

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