



UW PACC

Psychiatry and Addictions Case Conference

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MANAGEMENT OF ILLICIT BENZODIAZEPINE USE

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SPEAKER DISCLOSURES

- ✓ No conflicts of interest to disclose

GOALS:

- 1. Increase knowledge** of the epidemiology, risks, and consequences of illicit BZD use
- 2. Increase familiarity** with treatment strategies
3. Generate clinical pearls to inform your practice and inform safe prescribing

INTRODUCTION

- BZDs: Class of psychoactive medications characterized by hypnotic, anxiolytic, and muscle relaxant properties.
- Effective for short term treatment of anxiety, panic, insomnia
- Effective for alcohol withdrawal and seizures

SCOPE OF THE PROBLEM

- Prevalence of misuse
 - SAHMSA (2019): **5.4 million, 2% of population**
 - Agarwal (2019): **5.6% of 18-25yo**



Street Names: Bars; Benzos; Bicycle Handle Bars; Bicycle Parts; Bricks; Footballs; Handlebars; Hulk; Ladders; Planks; School Bus; Sticks; Xanies; Yellow Boys; Zanbars; Zannies; Z-Bars

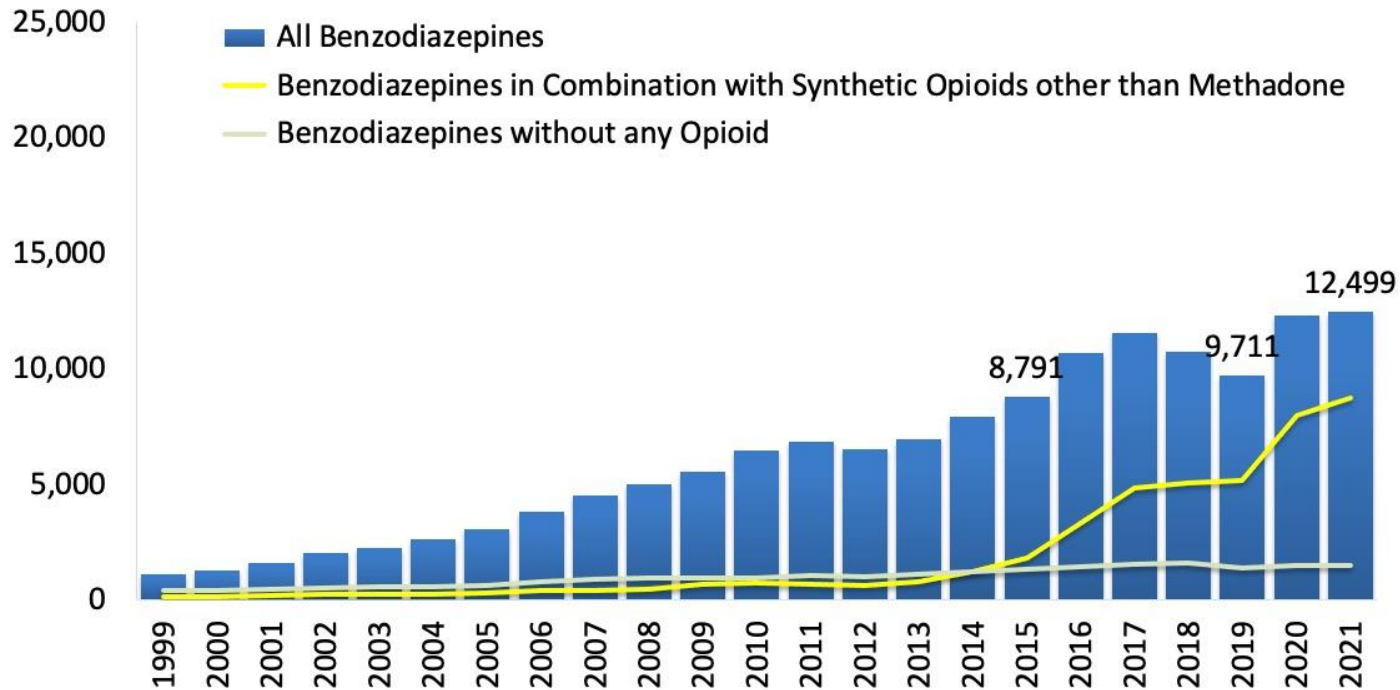
www.DEA.GOV/onepill

SCOPE OF THE PROBLEM, CONT.

- Mid 1990s – 2013:
 - 400% increase in OD deaths
 - 300% increase in ED visits
 - 67% more BZD prescriptions
 - 300% dose equivalent increase
 - **30% of opioid OD deaths** involve BZDs

- Votaw VR, Geyer R, Rieselbach MM, McHugh RK. The epidemiology of benzodiazepine misuse: A systematic review. *Drug Alcohol Depend.* 2019 Jul 1;200:95-114. doi: 10.1016/j.drugalcdep.2019.02.033. Epub 2019 May 7. PMID: 31121495; PMCID: PMC6639084.

Figure 9. National Drug Overdose Deaths Involving Benzodiazepines*, by Opioid Involvement, Number Among All Ages, 1999-2021

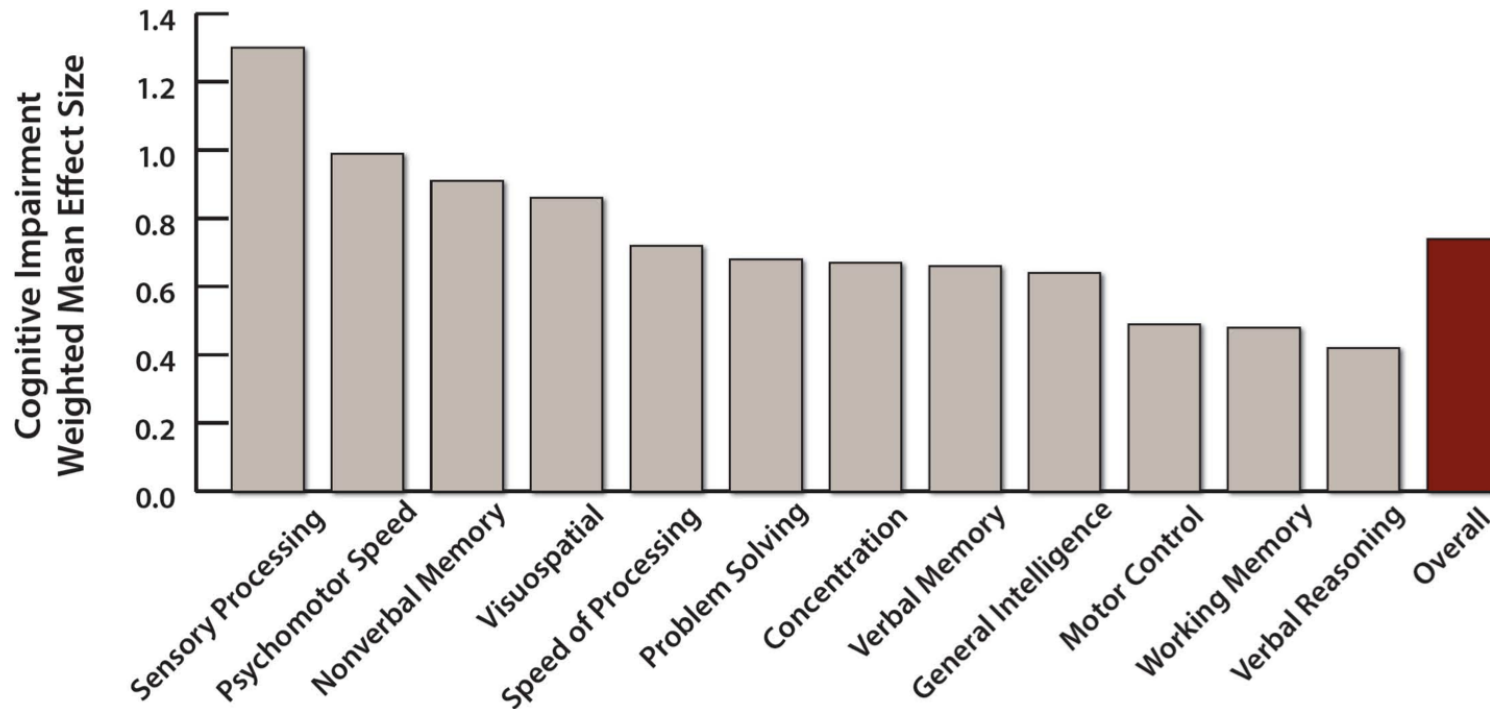


*Among deaths with drug overdose as the underlying cause, the benzodiazepine category was determined by the T42.4 ICD-10 multiple cause-of-death code. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

RISKS AND CONSEQUENCES OF ILLICIT BZD USE

- Overdose: resp depression, coma, death
- Long-term use: cognitive impairment, worsening of anxiety disorders and insomnia
- Withdrawal: can be severe and life threatening

Figure 3.
The Impact of Long-term Use of Benzodiazepines on
Cognitive Function¹⁶



RISK FACTORS

- Risk factors for BZD use disorder:
 - Longer duration of use
 - Higher dosages
 - Type of benzodiazepine
 - Lower educational attainment
 - Co-occurring psychiatric co-morbidities

BZD WITHDRAWAL

- Physical dependence can occur even when taking as prescribed
- Range of symptoms:
 - restlessness, tremors irritability, muscle tension, sleep disturbances →
 - autonomic instability, delirium tremens, seizures, death, psychosis

SAFE PRESCRIBING PRACTICES

01

Have an “exit plan”

02

Don't prescribe long term

03

Use the lowest effective dose

04

Choose BZD carefully

TREATMENT OF ILLICIT BENZODIAZEPINE USE: BIG PICTURE

- Goals:
 - Safely tapering patients off BZDs
 - Preventing return to use
- Assessment:
 - BZD type, dose, # daily, duration, last use
- Setting:
 - Inpatient or outpatient?

TAPER

- Gradual dose reduction:
 - Convert to long-acting BZD
 - Slowly reduce dose over **weeks to months**
 - Minimizes w/d symptoms
 - Decreases risk of severe w/d complications

TREATMENT APPROACHES

- Gradual Dose Reduction (outpatient):
 - American Academy of Family Physicians:
 - 25% per week
 - SAHMSA
 - 10-25% every 1-2 weeks
 - UpToDate
 - 25-50% every 1 to 2 weeks over 6-10 weeks

GRADUAL DOSE REDUCTION, CONT

- Regular monitoring of w/d symptoms
- Limit prescription length (1 week)
- Modify taper to address individual circumstances and address co-morbidities:
 - Insomnia
 - Depression
 - Anxiety

- Inpatient BZD taper:
 - Harrison et. al
 - Diazepam loading dose (40% reported daily dose)
 - Daily tapering by 10%
 - Brenner et. al
 - Reduce dose by 50% every 5 days
- Phenobarbital

Diazepam tapering in detoxification for high-dose benzodiazepine abuse. AU Harrison M, Busto U, Naranjo CA, Kaplan HL, Sellers EM SO Clin Pharmacol Ther. 1984;36(4):527.

Brenner PM, Wolf B, Rechlin T, et al. Benzodiazepine dependence: detoxification under standardized conditions. Drug Alcohol Depend 1991; 29:195.

OTHER MEDICATIONS:

- Flumazenil
 - BZD receptor antagonist/partial agonist
 - Found to reduce w/d symptoms and promote abstinence (Hood et al)
 - Improves rate of abstinence over placebo
 - Well tolerated

ADJUNCTIVE THERAPIES

- Mood stabilizers and antidepressants
- Meta-analyses: inconclusive
- May be helpful for patients with specific co-morbidities

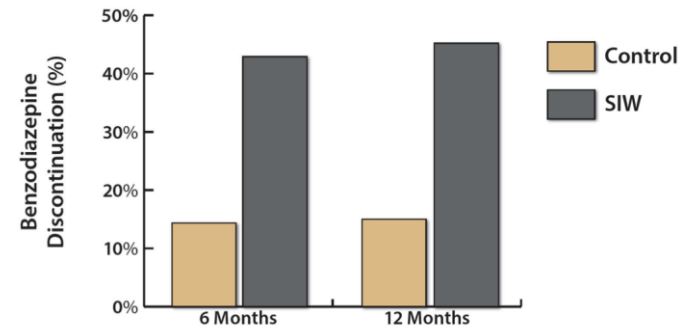
PSYCHOSOCIAL AUGMENTATION

COGNITIVE BEHAVIORAL THERAPY

- Meta-analysis:
 - Taper + CBT has better success rate at 3 months

“BRIEF INTERVENTION”

Figure 17.
Brief Intervention vs. Care as Usual:
Comparison of Benzodiazepine
Discontinuation at 6 and 12 Months⁵⁹



[Lynch T, Ryan C, Hughes CM, et al. Brief interventions targeting long-term benzodiazepine and Z-drug use in primary care: a systematic review and meta-analysis. Addiction 2020; 115:1618.](#)

PREVENTING RETURN TO USE

- Provide ongoing psychosocial support
- Treat underlying psychiatric co-morbidities
- Avoid therapeutic use of BZDs in these patients

TAKE HOME POINTS

- 1. Rates of illicit BZD use and overdose are increasing
- 2. Most patients can be treated as outpatients via gradual dose reduction
- 3. Utilize safe prescribing practices
 - Focus on short term use
 - Discuss exit plan with patient