

## ABOUT BENZODIAZEPINES ...

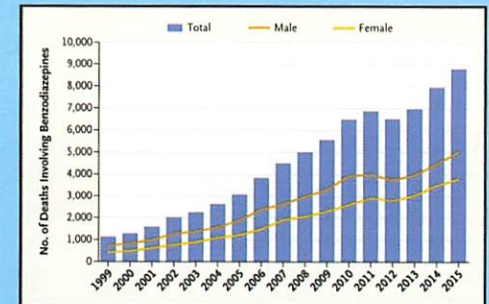
- Most guidelines recommend short term (<2-4 weeks) or intermittent use of benzodiazepines (BZs). In spite of this, many are prescribed daily/long term without informed consent of the risks.
- BZ risks include accidents, falls, dementia, dependence, addiction, development of new or worsening anxiety, withdrawal syndrome, neurologic injury/protracted withdrawal, and increased healthcare costs.
- Dependence and addiction are **not synonymous**. Tolerance and withdrawal symptoms are expected results of long term BZ use, not indicators of addiction.
- Side effects and/or development of tolerance or withdrawal are **frequently misdiagnosed** as an underlying condition or new medical problem, often resulting in needless medical testing and polypharmacy.
- All BZs have the potential to cause patient injury. Although each BZ has unique pharmacologic properties, the idea of a "safe" BZ is a myth.
- "Low" doses are deceiving. 1 mg of Ativan or 0.5 mg of Xanax/Klonopin are approximately equal to 10 mg of Valium.
- BZs can impair cognition and memory, interfering with other mental health treatments like cognitive behavioral therapy or exposure therapy.

## WITHDRAWAL AND TAPERING ...

- The American Psychiatric Association's Task Force on BZ Dependence, Toxicity, and Abuse found **40-80% of patients** discontinuing long term BZs experience withdrawal.
- In most cases, **rehab/detox is not appropriate** for compliant patients as they utilize an ineffective model for treatment of dependence and subject patients to over rapid cessation, sometimes resulting in long term damage.
- **Patient-led, symptom-based** tapers provide the best results. Tapering too quickly can increase the risk for severe and protracted symptoms.
- Transitioning to Valium or another long acting BZ may aid in tapering, as interdose withdrawal often occurs in patients on shorter acting BZs.
- A slow taper is **5-10% of the current dose every 2-4 weeks**, depending on patient symptoms. A taper can last anywhere from months to years.
- Commercially available BZ doses are often too large for appropriate dosage reductions. Compounding or microtapering can address this.
- Many patients experience a post-acute withdrawal syndrome (PAWS) for many months or a protracted syndrome lasting years. These syndromes are rarely recognized by prescribers.

## BENZODIAZEPINES AND THE OPIOID EPIDEMIC ...

- BZ prescriptions are on the rise. The number of U.S. adults filling a BZ script between 1996 and 2013 increased 67%, from 8.1 to 13.5 million. (1)
- BZs are contributing to the opioid epidemic. At least 30% of opioid deaths also involve a BZ, and this has been estimated to be as high as 52%. (2)



### OD Deaths in the U.S. Involving Benzodiazepines, 1999-2015

Lembke A et al. *N Engl J Med* 2018; 378:693-695

- The FDA issued a black box warning in 2016 for co-prescription of BZs and opioids, as the combination may lead to "excessive sleepiness, respiratory depression, coma, and death."
- The CDC guideline for prescribing opioids for chronic pain recommends "avoiding concurrent BZ and opioid prescribing whenever possible."
- Withdrawal for compliant patients on BZs should be voluntary in most circumstances. The opioid epidemic has led to many BZ-dependent patients being rapidly tapered or stopped abruptly, resulting in unnecessary suffering/harm.

(1) Bachhuber MA et al. Increasing benzodiazepine prescriptions and overdose mortality in the United States, 1996-2013. *Am J Public Health* 2016;106:686-688.

(2) Mattson C et al. Opportunities to Prevent Overdose Deaths Involving Prescription and Illicit Opioids, 11 States, July 2016-June 2017. *CDC Morbidity and Mortality Weekly Report* 2018;67:945-951.

## ABOUT US

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We are a group of patients and medical professionals who believe the over-prescription of benzodiazepines without sufficient informed consent has resulted in a growing national health crisis. While

we recognize the utility of benzodiazepines in medicine, their benefits are often overstated without consideration of the numerous risks. Benzodiazepine-induced problems, side effects, and long term injury are often mislabeled as addiction and treated inappropriately. Consequently, many compliant patients are being damaged, disabled, and dismissed. Prescriber education on appropriate management of benzodiazepine adverse effects beyond addiction is inadequate and does not effectively serve those who are harmed.

Our advocacy is informed by personal experience, the scientific literature, and input from an advisory board comprised of physicians and other medical and mental health professionals.



## MISSION STATEMENT

Benzodiazepine Information Coalition is a 501(c)(3) non-profit organization that advocates for greater understanding of the potentially devastating effects of commonly prescribed benzodiazepines such as Xanax, Ativan, Valium, and Klonopin, as well as prevention of patient injury through medical recognition, informed consent, and education.

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# IT'S TIME TO TALK ABOUT BENZODIAZEPINES

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