



Fact Sheet

What are benzodiazepines (BZs)? Benzodiazepines, also called tranquilizers or anxiolytics, are known by the common brand (and generic) names Xanax (alprazolam), Ativan (lorazepam), Valium (diazepam), Klonopin (clonazepam), and others. They're FDA-approved for anxiety/panic, insomnia, and seizures, as muscle relaxants, for alcohol withdrawal, and as premedicants for surgery. They're also frequently prescribed off-label for pain, tinnitus, vertigo, dystonia, restless legs syndrome, and other issues.

What are Z-drugs? Also called sleeping pills, Z-drugs are known by the common brand (and generic) names Ambien (zolpidem), Lunesta (eszopiclone), Sonata (zaleplon), and Imovane (zopiclone). They're FDA-approved as short-term sleep aids and sometimes prescribed off-label for restless legs syndrome. While not chemically identical to BZs, Z-drugs have similar effects on the body and produce similar risks and therapeutic/adverse effects. In April 2019, the [Food and Drug Administration added a Boxed Warning](#) to Z-drugs. **Information below pertaining to BZs can be assumed to apply to Z-drugs as well.**

What should you know about benzodiazepines and Z-drugs? Patients who take these drugs exactly as directed — *not* recreationally or in conjunction with opioids — are developing physical dependence and significant [iatrogenic](#) illness. Many who try to get off them are experiencing a serious withdrawal syndrome that can be debilitating, leading to loss of work, inability to perform the tasks of daily living, and disability. In many cases, informed consent about these risks is not given when the drugs are first prescribed, and harmed patients are increasingly feeling unheard and abandoned by the medical community that prescribed them. Some fast facts:

- Because physical dependence and tolerance can develop after [as little as one week to one month](#), even at therapeutic and “low” dosages, [clinical guidelines](#) and expert opinion recommend that BZs be prescribed primarily short-term (<2 to 4 weeks, including the tapering off period).
- Despite the guidelines, chronic, long-term BZ use is common — ranging from [14.7% among those 18-35 who are prescribed a BZ to 31.4% among adults ≥65](#) — and increasing.
- Over- and long-term prescribing, coupled with a lack of vital deprescribing education — which necessitates that the drug be withdrawn very slowly — has resulted in a [growing community of harmed BZ patients forced online](#) for medical advice and support.

- To date, media messaging almost always ties [BZ-related problems](#) erroneously to "addiction," rather than physical dependence from compliant use of the drug itself. This facilitates a false sense of security that the drugs are harmful only when abused. Correct language is crucial in preventing a perpetuation of the problem.

A bit about benzodiazepine history. Since their release in the 1960s, [BZs have engendered controversy](#). They were the subject of a [Senate subcommittee hearing led by Ted Kennedy in 1979](#) and were implicated in the [largest-ever class action suit in the U.K.](#) in the 1980s and '90s. A [pharma-funded Xanax study published in 1993](#) misled the public about the drug's long-term outcomes. And a 2010 [patient-led petition to the FDA for stricter warnings](#) was denied, to cite just a few examples.

What does the FDA say about benzodiazepines? In September 2020, the FDA [updated its BZ boxed warning](#) to include the "serious risks of abuse, addiction, physical dependence, and withdrawal reactions."

The updated warning was precipitated by the [FDA's extensive review of BZ](#), which included a case series of 104 patients from the [FDA Adverse Event Reporting System \(FAERS\) database](#). Some of their important findings from that review are listed below:

- Addiction and abuse primarily occur in the context of polysubstance use
- Adverse events can occur with prescribed, therapeutic use
- BZ withdrawal can be a long process (months or years)
- Physical dependence can occur within days or weeks
- Abrupt cessation and over-rapid tapers are harming patients
- Physician education about BZ safety is lacking

Based on their findings, the FDA recommended standardization of warning labels across the drug class. They also recommended judicious prescribing of BZ and a gradual taper to mitigate withdrawal reactions. The [updated medication guides](#) also state that symptoms of [protracted withdrawal](#) can last 12 months or more.

Who is taking benzodiazepines? BZ use is common, growing, and crosses all demographics and professions. Our own coalition includes a cardiologist, an attorney, a dentist, two physician assistants, and a licensed clinical social worker who were all adversely affected or disabled as a result of taking a BZ. More facts:

- Several BZs are among the [10 most commonly prescribed psychotropic medications](#) in the U.S., with prescriptions filled by [5.6% of adults in the U.S., including 8.6% of those ≥65](#).
- From 2003 through 2015, the percentage of outpatient medical visits that led to a BZ prescription doubled — [increasing from 3.8% to 7.4%](#).

- [Data from 2015 and 2016](#) revealed that 30.6 million adults (12.6%) reported using a BZ in the past year, with 25.3 million (10.4%) taking as prescribed and 5.3 million (2.2%) misusing.
- [Seniors > 65 may be the most prevalently prescribed](#) group ([other studies](#) point to ages 50-64), even though the [2019 American Geriatric Society Beers Criteria](#) strongly recommends that BZs and Z-drugs are potentially inappropriate medications for use in older adults.
- [Some studies establish a mild link](#) between adults > 65 using BZs and an increased risk of dementia.

How many will experience withdrawal symptoms?

- Due to a dearth of research, estimates vary widely. Of those who take BZs long term (more than 2 to 4 weeks), anywhere between [20% and 100%](#) experience withdrawal symptoms upon stopping or lowering the dose of the drug.
- With no test or tool to predict who will develop physical dependence, all BZ users are potentially at risk.
- BZ [withdrawal symptoms](#) affect virtually every system of the body. Many symptoms are new and unrelated to the reason the drug was prescribed.
- Abrupt or over-rapid cessation of BZs can cause a withdrawal that is especially severe — including psychosis and akathisia and an increased risk for a protracted withdrawal syndrome — and can result in death from seizures or suicide.

What are the recommendations for withdrawing safely?

- According to experts in BZ withdrawal, reductions should always occur via slow [patient-guided taper](#). Tolerable tapers can require many months or years, and in some cases may still involve withdrawal symptoms severe enough to cause disability.
- For most patients physically dependent on prescribed BZs, [rehab and "detox" facilities are contraindicated](#) — not only do they use an inappropriate addiction model, they follow a rapid withdrawal protocol that [often leads to unfavorable or even harmful outcomes](#).

What is the likelihood of a protracted withdrawal syndrome or permanent damage?

- There is [mounting evidence](#) that neuropsychological functions may be impaired after long-term BZ use, and that for some people this persists even following withdrawal.
- Some anecdotal reports from UK-based BZ-withdrawal charities [document patients still symptomatic 10 years post cessation](#). While insufficient research on this phenomenon has been conducted, [some theories have been proposed](#).

- There is also [concern among experts](#) about the potential for [permanent damage](#). More research is desperately needed.

What is the connection between BZ withdrawal and suicide? One [literature review](#) concluded that BZs are linked to an overall increase in the risk of attempting or completing [suicide](#). Possible mechanisms of pro-suicidal effects include increases in impulsivity or [aggression](#), or rebound or withdrawal symptoms. Suicides are a painfully common occurrence in the online BZ community.

What is the monetary cost of benzodiazepine use and withdrawal? Symptoms related to BZ adverse effects, tolerance, and withdrawal often go unrecognized or misdiagnosed, leading to costly medical tests or interventions as well as “treatment” with dangerous polypharmacy. BZs and Z-drugs both [increase the incidence of ER visits](#). More studies are needed to quantify the [enormous socioeconomic impact](#) of long-term use, including healthcare, unemployment, and accident costs, to name a few.

What is the relationship between benzodiazepines and opioids? BZs have played a part in the opioid crisis and [overdose deaths](#). In 2016, [the FDA began requiring boxed warnings](#) for combined prescription opioids and BZs given the serious risks associated with using these medications concomitantly. [Data from 2014-2016](#) revealed that 57% of chronic BZ patients studied received an opioid prescription.

Online benzodiazepine communities and resources are on the rise. The global BZ community, which offers support and [resources](#), is expanding. In addition to our Benzodiazepine Information Coalition nonprofit, there exists [related awareness efforts](#); a large [support forum](#); countless Facebook groups, books, podcasts, and information sites; two documentaries ([1](#) and [2](#)); and a [widely-used tapering manual](#) written by a U.K. psychopharmacologist. The [BenzoBuddies](#) support forum received more than [3 million page impressions](#) in December 2017 alone. A generic search for the term “[benzo withdrawal](#)” results in approximately [14,000 personal video blogs on YouTube](#).