SALFORD DRUG SERVICES NHS

GUIDELINES FOR BENZODIAZEPINES AND SIMILAR DRUGS WITHDRAWAL

- If part of a poly-drug problem or: >30mg diazepam equivalent refer to SDS (Do not sanction illicit supply)

Otherwise

- Convert all benzos/Z drugs to diazepam e.g. temazepam 20mg = diazepam 10mg
- Prescribe in 2mg tablets & weekly at most
- Reduce by 2mg every 2 weeks e.g. diazepam 10mg=a 10 week withdrawal
- See every 2 weeks for support. If Benzo support worker available (CITA) -deploy

Benzodiazepines	Equivalent dosages to diazepam 10mg
Alprazolam (Xanax)	0.5
Bromazepam (Lexotan, Lexomil)	5-6
Chlordiazepoxide (Librium)	25
Clobazam (Frisium)	20
Clonazepam (Klonopin, Rivotril)	0.5
Diazepam (Valium)	10
Flunitrazepam (Rohypnol)	1
Flurazepam (Dalmane)	15-30
Loprazolam (Dormonoct)	1-2
Lorazepam (Ativan)	1
Lormetazepam (Noctamid)	1-2
Nitrazepam (Mogadon)	10
Oxazepam (Serax, Serenid, Serepax)	20
Temazepam (Restoril, Normison, Euhypnos)	20
Triazolam (Halcion)	0.5
Non-benzodiazepines with similar effects	
Zaleplon (Sonata)	20
Zolpidem (Ambien, Stilnoct)	20
Zopiclone (Zimovane, Imovane)	15

- Anti-depressants may be helpful both for sleep and treating underlying depression BUT must be used with extreme care as they, particularly amitriptyline and dothiepin, have been frequently found as an additional drug in drug-related deaths.
- Preferred antidepressant drugs: lofepramine 70mgsx2 nocte or trazodone 150mgs nocte.
- Using antidepressants for sleep use low doses: amitriptyline 10mgs, trazodone 50mgs
- *Increasing reports of misuse and addiction with zopiclone and should not be used*

MAINTENANCE PRESCRIBING

Maintenance prescribing of benzodiazepines has not been shown to have any definite medical value (unlike methadone) and is rarely justified (12).

It was hoped that it would help the drug user to achieve goals such as stabilisation of drug use and lifestyle and removal from the illicit drug market, but there is little evidence for this. There is poor evidence of harm reduction and may be some evidence of increased risk:

1. Dependence and tolerance are significant problems with these drugs.
2. Withdrawal symptoms are worse with longer use (13).
3. HIV and other infections are more common in people using opiates plus benzodiazepines and there is no evidence that these risks reduce if all drugs being used are prescribed (18).
4. Using benzodiazepines prescribed or not appears to lead to higher rates of risk behaviour (9,10).
5. Real risk of diversion onto the illicit market.
6. Preparations (especially temazepam) not meant for injecting may be injected.

But it has to be remembered that:

1. Benzodiazepine use is a large problem, especially to poly drug users: 90% of attendees at treatment reported use in a 1year period (2).
2. Many people presenting to services have a long-term addiction problem with benzodiazepines and ignoring this problem will not make it go away.
3. They may well have been self-medicating using benzodiazepines to improve their mood or improve their coping skills (16).
4. There is a long-acting variety available (diazepam).
5. It may reduce alcohol relapse in a few individuals.

Who might benefit from longer-term benzodiazepine prescribing:

A few people may benefit from being left on a small dose *(no more than 30mgs diazepam daily).* This may include:

- Those with an alcohol problem who have come off alcohol using benzodiazepines and who find it difficult to stay off alcohol unless they are on a small dose of benzodiazepines. In this case continuing to prescribe e.g. diazepam may cause less harm than stopping the prescription.
- A few people who have a long-term opiate and benzodiazepine problem and do not stabilize on opiate substitution medication alone.
- A small number of people who have mental health issues and/or poor coping skills who have been self-medicating.

REDUCTION

Because of long-term effects reducing off benzodiazepines must be constantly reviewed.
Concurrent psychiatric problems may come to light when the dose is reduced.
Co-morbidity (dual diagnosis) is increasingly recognised in poly drug users and needs to be considered and managed appropriately.

SUMMARY: Benzodiazepine use is a large problem in poly drug users. They are often used to reduce anxiety, help sleep or counter the negative effects of other drugs. They are highly addictive and can cause significant withdrawal symptoms when coming off. Short term prescribing of benzodiazepines may have some benefit in supporting drug users control their intake of benzodiazepines when first coming into treatment and stabilise their lives. The benefit of long term prescribing of benzodiazepines to drug users is more questionable and in greater than 30mgs of diazepam has been shown to risk increased harm and cause cognitive impairment. We need to think careful what is hoped to achieve before starting a prescription of benzodiazepine, even a short-term reduction.