

THE CURRENT BENZODIAZEPINE and “Z-DRUG” CRISIS

(and its connection to THE OPIOID CRISIS)

BENZODIAZEPINES: XANAX (Alprazolam), ATIVAN (Lorazepam), KLOPINOL (Clonazepam), VALIUM (Diazepam), etc.
“Z-DRUGS” (Sleeping Pills): AMBIEN (Zolpidem), SONATA (Zaleplon), and LUNESTA (Eszopiclone), etc.

Benzodiazepines are prescribed for many things including: insomnia, anxiety, panic, seizures, muscle relaxation, pain relief, histamine reactions, gynecological issues, anesthesia for medical procedures, the symptoms of other diseases, and the adverse reactions caused by antidepressants and other psychiatric medications.

BENZODIAZEPINES and “Z-DRUGS” SHOULD NOT BE PRESCRIBED OR TAKEN WITH:

(These can cause severe and life-threatening withdrawal symptoms or overdose/death)

- One another or in excess (Overdose potential)
- Opioids (2016 FDA Black Box Warning for overdose potential)
- Alcohol or other CNS depressants (prescription label warning)
- Fluoroquinolone Antibiotics (Ciprofloxacin, Avelox, Levaquin, etc.) These can displace benzodiazepines from their binding site, causing acute and/or severe withdrawal. (*The Prof. Heather Ashton Manual*)
- Proton Pump Inhibitors (Prilosec, Nexium, Prevacid, Protonix, etc.) (Drug-Drug Interaction)



- Manufacturer prescribing guidelines for benzodiazepines call for short-term use (2-4 weeks) only. These are often globally ignored, leaving millions of long-term patients with prescribed dependency. (Over 1.5 million in the UK alone.)
- Withdrawal symptoms can occur after as little as 1 WEEK OF PRESCRIBED USE. (See prescribing information for Ativan)
- Awareness, facts, and support resources are more readily available in Europe, while in the US they are scarce.
- Benzodiazepines are known to be more difficult to withdraw from than heroin.***
- Most patients taking benzodiazepines find their adverse symptoms are from their medication through online research, and not from their physicians. Many are mis-diagnosed as having a recurrence of their original diagnosis, or some other illness.
- Though clinicians are more readily recognizing the risks of combining opioids and benzodiazepines, the general population is unaware. In spite of FDA black box warnings, a recent study showed the number of patients taking both of these prescribed medications increased from 7.3 million to 13.0 million (from 2005 to 2015). (JAMA Psychiatry, April 11, 2018)
- More than 30% of opioid overdoses involve benzodiazepines. More than 75% of benzodiazepine overdoses involve opioids.
- The overdose death rate in patients taking both medications was 10 TIMES HIGHER than among those only on opioids.

BENZODIAZEPINES HAVE SEVERE, LIFE-THREATENING ADVERSE EFFECTS AND WITHDRAWAL SYMPTOMS WHEN:

Taken simply AS PRESCRIBED and not abused

Taken at a perceived “low dose”

During “inter-dose withdrawal”

Tapered too quickly (which most uninformed physicians recommend)

Taken “as needed” (PRN)

Tolerance to the medication occurs

Stopped abruptly (Cold-Turkey)

BENZODIAZEPINE ADVERSE EFFECTS and WITHDRAWAL SYMPTOMS CAN INCLUDE:

Increased anxiety

Muscle fatigue / Weakness

Insomnia / Hypersomnia

Seizures

Visual disturbances

Sensitivity to light / sound

Tinnitus

Blood pressure fluctuations

Increased depression

Nausea / Vomiting

Irrational thinking

Nerve pain

Brain fog

Difficulty swallowing

Memory issues

Muscle spasms

Hallucinations

Suicidality

Aggression / Rage

Gastritis / GI problems

Loss of co-ordination

Akathisia

Cognitive impairment

Many, Many more...

Benzodiazepine physical dependence SHOULD NOT BE TREATED WITH “DETOX” or REHAB facilities, as this can be life-threatening and is considered barbaric by leading international experts.

- Safe discontinuation from prescribed benzodiazepines can take from many months to several years. The average time it takes for symptoms to subside post-taper is roughly 14 months, but this varies widely depending upon the patient. For some, symptoms can become protracted, lasting years. A slow, safe tapering method can be found in *The Heather Ashton Manual*.
- Benzodiazepine use has been associated with long-term physical and neurological damage and disability.
- Massachusetts House Bill H.3594: Informed Consent for Benzodiazepines and "Z-Drugs"* is a formal push to mandate that physicians provide written informed consent, as well as other safety mechanisms and resources to protect patients.
- The New York City Department of Health has published prescribing guidelines, and recommends slow tapering methods such as *The Heather Ashton Manual*. Other states such as Pennsylvania and Hawaii have similar guidelines.

CURRENT SOCIETAL PROBLEMS WITH BENZODIAZEPINES and OPIOIDS (2018):

- Physicians and patients** generally DO NOT understand the severity of the dangers of benzodiazepines, their adverse effects and withdrawal symptoms, or the intricacies of how to slowly and safely taper off of them.
- The media coverage of the "Opioid Crisis"** has made physicians more aware of the dangers of co-prescribing opioids and benzodiazepines. However, many uninformed clinicians are responding by forcing their patients off of their benzodiazepine without informed consent or safe tapering advice, sometimes causing severe and/or life-threatening situations.
- Clinical policies** are now advising physicians to drug test their prescribed benzodiazepine patients before writing their next prescription. Flawed testing methods and concurrent prescribed opioid, medical marijuana, or other drugs raise red flags for their concern. Positive screens may then result in physicians refusing further benzodiazepine refills. This abrupt benzodiazepine cessation is contraindicated and can be severe and sometimes deadly. Patients' benzodiazepine withdrawal symptoms are then often mis-diagnosed, resulting in little support from physicians, family, or the community.
- Uninformed physicians** may believe that benzodiazepine physical dependence can be treated in a "detox" or rehab facility similar to opioids. This is considered barbaric and NOT the recommended manner in which to discontinue benzodiazepines. Patients attending these facilities are at increased risk for severe withdrawal symptoms (seizures, suicide, psychosis, death, etc.) and long-term neurological injury post-rapid cessation (Protracted Withdrawal Syndrome).
- Many physicians** are uninformed and/or unwilling to help patients with the long tapering process necessary for safe benzodiazepine withdrawal. As a result, patients are often abandoned by the majority of the medical community and mislabeled as "addicts". They then frequently lose the support of family, friends, and the community, and are left to suffer with only the help of layperson internet support groups.
- Uninformed legislators**, in an effort to curb the potential for overdose deaths created by benzodiazepines and opioids, are recommending laws that DO NOT account for the unique withdrawal requirements for benzodiazepines. This puts benzodiazepine patients at risk for severe neurological and physiological damage and death. Mechanisms to protect patients currently dependent on benzodiazepines must be enacted. These should include *informed consent, education, and support resources* for clinicians, communities, and patients.

LEARN THE RISKS, LEARN THE TRUTH:

www.worldbenzoday.org
www.theinnercompass.org
www.benzo.org.uk



OTHER REFERENCES:

FDA Black Box Warning: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm518697.htm>
Centers for Disease Control and Prevention (CDC). Multiple Cause of Death, 1999-2015.
"4 Drugs That Interact with Anxiety Meds", Christy Huff, MD; August 6, 2018; www.medshadow.org
"Opioids Still Overprescribed to Patients Taking Benzodiazepines" <https://www.psychcongress.com>
"Overdose Risk Quintuples with Opioid and Benzodiazepine Use"; <http://www.upmc.com/media/NewsReleases/2018>
US Government (March 2018) <https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids>
"Killing Pain: Benzo 'Boost' can be Deadly" <https://www.medpagetoday.com/special-reports/specialreports/44479>
The Prof. Heather Ashton Manual: "Benzodiazepines: How They Work and How to Withdraw": www.benzo.org.uk/manual
"Judicious Prescribing of Benzodiazepines"; NYC Dept of Health: <https://ndews.umd.edu/sites/ndews.umd.edu/files/Benzodiazepines%20CHI.pdf>

WARNING: Never abruptly stop or rapidly reduce the benzodiazepine class of medication. Doing so may cause seizures, psychosis, suicide ideation/action, severe withdrawal, neurological damage/insult, and/or death. Consult *The Ashton Manual* (benzo.org.uk/manual) and share it with your medical provider. Some medical professionals may be ill-informed about BZ physical dependence, withdrawal, slow tapering protocols, and/or neurotoxicity, but their cooperation may be necessary. Any information provided on this handout should not be substituted for the advice of a healthcare provider who is well-informed about prescribed benzodiazepine physical dependence, withdrawal, and neurotoxicity.