STANDARD OF PRACTICE FOR PRESCRIBING BENZODIAZEPINES AND Z-DRUGS
Consultation to Members and Stakeholders

INTRODUCTION

The College of Physicians and Surgeons of Manitoba (CPSM) is launching a consultation process to seek feedback from its members, related stakeholders and the general public, regarding the way in which doctors prescribe Benzodiazepines and Z-Drugs to patients across the province.

The proposed STANDARD OF PRACTICE FOR PRESCRIBING BENZODIAZEPINES AND Z-DRUGS clearly identifies the safest way for doctors to treat various medical conditions and ensure maximum patient well-being. This is in accordance with current clinical evidence, the knowledge of the risk to benefit ratio, which has altered over time, and the need to address continuing efficacy of these drugs, addiction and alternatives, when considering prescribing.

Once finalized, the new Manitoba Standard will set the mandatory prescribing rules and assist doctors in their practices.

Need for a Standard

The following summarizes the need for CPSM to have a Standard of Practice for physicians who prescribe Benzodiazepines and Z-Drugs to patients.

The arrival of benzodiazepines into clinical practices in the 60s was met with enthusiasm – these drugs permitted doctors to offer patients a class of medication with many properties (sedative, anxiolytic, anticonvulsant, muscle relaxation) at a time when there were few effective therapeutic alternatives. These were prescribed for anxiety, depression, insomnia, mental illness, and neuromuscular conditions. By the 70s they were the most commonly prescribed drugs in the world. In 1978 more than 2.3 billion doses of diazepam (Valium) were sold in the US alone.

By the 80s, evidence of the addictive nature of benzodiazepines grew and it became generally accepted that benzodiazepines brought their own problems. Benzodiazepines remain a major anxiolytic therapy and not just for short term use. There is growing apprehension regarding the harms associated with the sanctioned and unsanctioned use of benzodiazepines. The misuse of Alprazolam is particularly problematic and appears to be disproportionately associated with misuse, fatal and non-fatal overdoses, paradoxical excitation, and withdrawal/rage responses, as well as traffic accidents and crime-related harms.
In the past two decades clinical guidelines have recommended against long-term use of benzodiazepines and Z-Drugs and health agencies worldwide have undertaken, with some controversy, “anti-benzodiazepine” campaigns. However, it appears such recommendations have not had a significant impact on the use of these drugs. Major concerns are related to the development of tolerance, dependence, and addiction.


(The above three paragraphs are largely taken and adapted from the Royal Australian College of General Practitioners Publication, Prescribing Drugs of Dependence in General Practice.)

The conditions where benzodiazepines are most commonly prescribed (anxiety and insomnia) remain sources of debate in medical circles. Physicians must consider multiple factors when prescribing benzodiazepines. Good clinical judgment and an evidence-based approach remain key to safe and appropriate prescribing.

**Manitoba Data Supporting the Need for Improved Prescribing**

The CPSM participates in the Adult Inquest Review Committee of the Chief Medical Examiner to review all deaths involving prescription medications. These reviews indicate deaths from other drugs are climbing rapidly while opioid deaths have levelled off. Alprazolam and Gabapentin, as well as diphenhydramine, have become significant drugs of abuse in Manitoba.

- Alprazolam is the benzodiazepine that contributed to the largest number of overdose deaths last year.
- Most opioid deaths can be attributed to one or more opioids combined with other drugs, often benzodiazepines and/or Z-Drugs.
- The two drug classes that were the top contributors to opioid overdoses were benzodiazepines and antidepressants from 2014 to 2017.
- Alprazolam, Zopiclone, and/or SSRIs contributed to numerous drug overdose deaths from 2016 to 2018.

The lessons learned from this provincial death data should transform physician prescribing practices. This Standard requires physicians to be mindful of polypharmacy - the overall risk may outweigh the benefit from individual medications. Opioids, benzodiazepines, antidepressants, Z-Drugs, antipsychotics, and gabapentin all interact with each other often contributing to these deaths.

Outside of Atlantic Canada, Manitoba has the highest rate of prescribing benzodiazepines and related drugs, at 50% higher than neighbouring Ontario and Saskatchewan. In 2017 there were 15,463 defined daily doses per 1000 population for these drugs.
THE STANDARD

This draft Standard of Practice will set CPSM’s minimum requirements for all physicians prescribing benzodiazepines and Z-Drugs and ensure prescribing when clinically indicated. This draft Standard does not address prescribing for palliative or end-of-life patients, acute seizure disorders, akathisia, and alcohol withdrawal. The Working Group viewed treatment of these medical conditions as so specific they did not warrant inclusion in the Standard of Practice.

Drugs of dependence have important therapeutic uses, but there is a need to ensure the supply of these medicines is clinically appropriate. The Standard tries to strike the best balance between the benefits benzodiazepines provide for many patients with the risk posed to some patients. The Working Group was assisted in achieving this balance by reliance upon the newly issued Deprescribing Benzodiazepine Receptor Agonists: Evidence Based Clinical Practice Guideline issued by the College of Family Physicians of Canada which is referenced in the Standard.
Resources

The Working Group was also aided by the 2015 publication of the *Prescribing Drugs of Dependence in General Practice Part B, Benzodiazepines*, by the Royal Australian College of General Practitioners which has created a framework for accountable prescribing of benzodiazepines in a practical guide family physicians can use to minimise harm and maximise benefits to patients. There are terrific resources included such as examples of responses to patient requests for benzodiazepines, communications with patients, practice policies and forms, drug and alcohol assessment tool, and a GP Guide to insomnia.

When CPSM releases the Standard of Practice numerous resources to assist physicians and their patients will be provided. See for instance, the *Alberta College’s Clinical Toolkit*.

M3P and Formulary

Council seeks to work with the College of Pharmacists of Manitoba to include Benzodiazepines and Z-Drugs in the list of M3P Drugs.

Council will also recommend to the Monitored Drug Review Committee that Alprazolam be removed from the Manitoba Drug Benefits and Interchangeability Formulary.

Neither of these has occurred yet.

Methodology

A Working Group was gathered composed of representatives from medicine and other health professions with each person chosen for their diverse knowledge and clinical experience with benzodiazepines and Z-Drugs. With this diversity in the Working Group, it was understood that there would also be differences of professional opinion. The Working Group consisted of representation from:

- Geriatric Medicine
- Addiction Medicine
- Psychiatry, including Geriatric Psychiatry
- Rural and Northern Medicine
- Public Health
- Manitoba College of Family Physicians
- College of Pharmacists of Manitoba
- College of Registered Nurses of Manitoba
- College of Psychiatric Nurses of Manitoba
- College of Physicians & Surgeons of Manitoba
CONSULTATION PROCESS

All CPSM Standards of Practice are distributed to the membership for consultation. This draft Standard of Practice is being distributed not only to the members, but also to the public, including key stakeholders, for consultation. Key stakeholders include the other regulated health professions, government, addictions organizations, patient safety groups, health organizations, Doctors Manitoba, and CMPA, just to include a few of the many stakeholders in this matter.

Hearing and receiving input from diverse professional opinions within the CPSM membership, the public, other regulated health professions, and other stakeholders will create a standard that is stronger, comprehensive, and a much better document to ensure best prescribing practices for patient safety and balance different societal concerns.

The consultation will be for the period commencing April 29 to May 29, 2020. The feedback from the consultation will be reviewed, and where appropriate, incorporated into a new Standard of Practice. It is proposed that the Council at CPSM will then be asked to approve the final version.

It is expected that the consultation will elicit significant interest from many physicians and diverse professional opinions will arise. The CPSM also anticipates significant interest from key stakeholders and the public. We would like to hear your views during the consultation period to ensure this Standard is the very best to assist our members with this difficult area of practice and to protect the public.

How to Comment on the Standard of Practice

To create the strongest, most comprehensive, Standard of Practice all views are welcome. Given the importance of this issue, feedback is requested in writing and can be emailed to: cpsmsopbenzo@cpsm.mb.ca.

It is expected the consultation will elicit significant interest amongst many physicians and others, and likely diverse opinions will arise. The CPSM looks forward to hearing from you.

Deadline for feedback is May 29, 2020.

Draft Standard of Practice for Prescribing Benzodiazepines and Z-Drugs