Frequently Asked Questions

Prescribing Benzodiazepines & Z-Drugs Medical Purposes

The Frequently Asked Questions (FAQs) are provided to support members in implementing this Standard of Practice. The FAQs do not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The FAQs may be edited or updated for clarity, new developments, or new resources at any time.

The College of Physicians & Surgeons of Manitoba (CPSM) has received calls from healthcare providers and patients about the new Standard for prescribing benzodiazepines and z-drugs. In this document we hope to address some of the common questions received.

What is the Standard of Practice about?

This Standard of Practice sets out the requirements related to prescribing benzodiazepines and z-drugs. The Standard exists to ensure quality care and to ensure *patient* and *public* safety. While your doctor applies clinical judgment and discretion to your individual care, your doctor is also expected to follow this Standard to ensure all patient care is safe and ethical. The Standard of Practice for Prescribing Benzodiazepines & Z-Drugs came into effect on November 1, 2020.

Why does CPSM get to make decisions that affect my medications?

To protect the public

CPSM's job is to protect the public and ensure quality in the practice of medicine. The Standard of Practice for Prescribing Benzodiazepines & Z-Drugs is evidence-informed and promotes safe and ethical care of all patients. The Standard outlines the expectations that doctors must follow to balance individual care and public safety.

Standards are created by a group of experts in the relevant field of practice, often including doctors, nurses, pharmacists, lawyers, and members of the public. Feedback is also sought from the public prior to finalization.

To promote current and quality medical care

As medicine evolves, new information is discovered. After decades of prescribing benzodiazepines and z-drugs, we know more about the risks of these medications today,

especially when it comes to long-term use and higher doses. As the evidence of the risks compared to benefits of these drugs evolves, doctors must adapt their prescribing to align with current medical knowledge. These drugs are helpful for many patients, but they also pose risks for some patients and the public. The Standard tries to strike the best balance possible between the benefits and the risks.

What are benzodiazepines and z-drugs? What are their effects?

Benzodiazepines are sedative medications often prescribed to treat anxiety and sleep disorders. Commonly prescribed benzodiazepines include, but are not limited to, alprazolam (Xanax®), lorazepam (Ativan®), temazepam (Restoril®), clonazepam (Rivotril®), and diazepam (Valium®). Z-drugs, like zopiclone or zolpidem, are chemically similar to benzodiazepines and have similar effects and risks associated with their use. These sedatives essentially slow-down the activity of the brain and this slows bodily functions like heart rate and breathing, which can make you feel more calm or sleepy.

While these medications may be effective to decrease anxiety or improve sleep at first, regular use leads to tolerance and physiological dependence. With regular, longer-term use, the brain and body become accustomed to the effect. For some people, escalating doses are needed for relief of symptoms. Similarly, cutting back or missing doses can create rebound symptoms (including anxiety), often reinforcing the perceived need for the medication. Long-term use, and/or higher-dose use, increases the likelihood of side-effects and risk of harm.

Why are benzodiazepines and z-drugs considered so harmful?

For the same reason benzodiazepines and z-drugs make you feel calm or sleepy (by slowing some brain and body functions), they have associated side-effects and risks of harm. See the list of side-effects and risks below. These harmful effects are worsened by long-term and/or high-dose use. Some patients can develop addiction to these medications and experience serious repercussions. Misuse, overuse, or combining these medications with other sedatives increases the risk of overdose and death. In Manitoba, benzodiazepines and z-drugs have become significant drugs of abuse and are known to be sought after by substance users. The likelihood of diversion (sharing, selling, stealing) of these medications is very high and this has had a profound impact on public safety. Benzodiazepines and z-drugs are responsible for an increasing number of deaths in Manitoba, regardless of whether these drugs are prescribed alone or with painkiller medications like opioids or other prescription drugs.

What are the side-effects and risks of benzodiazepines and z-drugs?

Common side-effects and risks of benzodiazepines and z-drugs include:

- Sedation, confusion, drowsiness, and instability when standing/moving that can add to risk of falls and subsequent fractures.
- Impairment of psychomotor skills, judgment, and coordination that can increase the risk of motor vehicle accidents.
- Negative effects on cognition and memory, delirium, drug-related pseudo-dementia and a possible link to cognitive decline and Alzheimer's disease.
- Tolerance and physiological dependence, leading to withdrawal with abrupt cessation, or large dose changes.
- Sedative-Hypnotic Use Disorder (addiction).
- Risky interaction with medications or herbals.
- Risk of sleep automatism (in the case of z-drugs), similar to sleepwalking, when a person acts out scenarios when sleeping or dreaming.

Benzodiazepines and z-drugs are also particularly problematic in older adults. The risk of motor vehicle accidents, falls, and hip fractures, leading to hospitalization and death, can more than double in older adults taking benzodiazepines and/or z-drugs.

Does my doctor have to taper my medication?

The Standard provides evidence for doctors to consider and discuss with patients *before* starting benzodiazepines and z-drugs, as well as guidelines to manage patients *already* taking these medications. Good clinical judgment and an evidence-informed approach are key to safe and appropriate prescribing. Your doctor should discuss the reason for taking these medications, their potential side-effects and risks, and reasonable expectations for their effect. This is part of the clinical judgment applied to continuing or changing medications. **Given the overwhelming evidence of the harm these medications can cause (see above), the Standard recommends your doctor attempt slow dose reductions, also known as step-downs or tapering**. This is particularly important if the harm outweighs the benefit of taking the medication, especially if benzodiazepines and z-drugs have been prescribed for a long time and/or at a high dose.

Do I have to get my dose down to zero?

The Standard asks your doctor to partner with you to attempt tapering. It asks that your doctor help you make informed decisions about your care by evaluating the risks of continuing the medication compared to the benefits. With slow and steady dose reductions (tapering), over weeks to months, over even years, you may eventually take your dose down to zero. However, all taper attempts are worthwhile, and even small dose reductions can improve cognitive function (things like memory, concentration, range of affect) and improve safety. It is not

mandatory to taper off your medication completely; with incremental step-downs your doctor may find the lowest dose that allows you wellness, function, and minimizes side-effects/risks.

Why am I being tapered off benzodiazepines and z-drugs if they work for me?

The Standard **does not** recommend your doctor stop prescribing or "cut off" these medications. It recommends that your doctor take a closer look at why they are prescribing them. The Standard promotes a discussion about the benefit versus harm benzodiazepines and z-drugs carry for you and how to improve safety around use. In the past two decades, clinical guidelines have recommended against long-term use of benzodiazepines and z-drugs. Their effectiveness to treat conditions like anxiety and insomnia is debated by doctors. They may work well for some patients, but it is important to be aware of the risk they carry to both individuals and the public. While they can have important therapeutic uses, the supply of these medications needs to be clinically safe and appropriate.

Can my doctor cut off my medications?

CPSM and the Standard encourage communication and collaboration between you and your doctor. However, based on clinical judgment and safety, a doctor may need to proceed with a taper when a patient may not agree. A doctor may also limit the amount dispensed to a patient at a time if safety concerns arise (e.g. medications may need to be dispensed weekly or daily from the pharmacy in some situations). There are times when safety, either individual, public, or both, takes precedence over the therapeutic relationship between doctor and patient. If a doctor learns that the medications they prescribe are being misused, abused, or diverted, rapid tapers or sudden cessation of prescribing may be necessary to manage risk of overdose or death, and for public safety.

What can I expect if my dose is reduced?

Because benzodiazepines and z-drugs are drugs of physiological dependence, which means the brain and body become used to them, changes in the dose can create rebound or withdrawal symptoms. **This is normal for anybody who takes these medications over time**.

With dose reductions, you may *temporarily* experience more worry or anxiety, mild sleep disturbances, heightened emotions, shakiness, sweating, twinging or restless limbs, or digestive upset. This does not mean your anxiety or insomnia will become uncontrollable; with small changes, these symptoms will settle and pass with time. Ideally, dose step-downs should be small, with enough time in between each change for you (your brain and body) to adjust to the decrease. These symptoms will settle with time; many people start to feel "normal" or back to baseline within two to four weeks of a change. Your doctor may wait until you feel closer to baseline function, or more like yourself again, before making the next change. **This is a highly individualized process**

and should be discussed regularly with your doctor. Rapid tapers or changing medications yourself is not recommended.

What is a reasonable timeframe to taper?

There is no one-size-fits-all approach to tapers. The process is individualized and considers starting dose, length of use, and concurrent medical conditions, as well as your life circumstances. Slow and steady step-downs tend to be more successful, as this allows your brain and body time to adjust to changes. If tapers progress too quickly, they can feel overwhelming and unmanageable. However, remember that even small changes can create discomfort, and it is important to know that this is a normal experience for many and that it will pass. You may need to draw on extra support during these changes. With the guidance of your doctor, you may also need to take **tapering breaks** and remain on a stable dose for a while, before taking the next steps in a taper. Psychological work done during such tapering breaks can increase your success with future taper attempts. Conversely, for safety reasons, your doctor may initiate a taper or the next step-down before you feel ready.

Why change my medication if it took years to find this balance?

Given the risks described (see page 2-3), being stable on a dose of a medication for years is not a reason to forgo reexamination. As bodies and lives change over time, medications should also be reevaluated over time. Particularly since **the risks associated with benzodiazepines and z-drugs increase with age**. However, if taper attempts are unsuccessful over time and there is a documented benefit of continuing a stable dose of medication that outweighs the harm, doctors and patients may choose to continue the benzodiazepines and z-drugs.

I've never abused my pills - why can't I have more than a month at a time?

While it may not feel like the risks, harms, or concerns apply to you, CPSM and doctors must set parameters to promote public safety. That means *drawing a line* between safe and unsafe amounts of medication that can be available at one time. This line must balance the needs and lifestyles of both well and unwell community members. CPSM has made similar prescribing rules for benzodiazepines and z-drugs, as with opioid pain medications, because of the known risks of these medications. The Standard makes firm recommendations, or rules, for prescribing and dispensing intervals to limit the supply of these drugs in the community and promote safety. These recommendations are also to ensure that doctors are taking a frequent and active role in managing the use of these medications.

What are the new rules? Are there any exceptions?

Specifically, the prescribing and dispensing rules in the Standard are that:

- Benzodiazepines and z-drugs prescriptions can only be written for a **maximum of three months at a time**; and
- **Only a one-month supply** can be dispensed at a time. Exceptions to this rule apply only if use is [1)] infrequent (as in, taking a single dose for travel or having a CT scan), [2)] you live in a remote community, or [3)] for travel if you have been on a stable long-term prescription. For these exceptions of remote living and travel, your doctor may allow a dispensing interval of up to three months only. This limit also applies if you leave the country for longer than three months at a time; still only a maximum of three months' supply of benzodiazepines and z-drugs may be prescribed and dispensed at one time.

This means that simply fewer pills are available in a home and within the community at a given time. For example, even if you have never misused or lost your medications and always got 90-days at a time, what would happen if someone stole all your medication? What if someone who has never tried them before, such as a minor, gets access, takes them, and overdoses? These are the types of risks doctors and CPSM must balance with the needs of patients who take their medications as prescribed. One-month of medication has been determined to be an amount of pills that balances community risk with patient need. When safety concerns arise, doctors can choose to further limit dispensing intervals to ensure patient and public safety (e.g. medications may need to be dispensed weekly or daily in some situations). It is a good idea to lock up medications in your home.

Are there resources to help me?

The symptoms or reasons you started these medications may still exist and can feel distressing. Evidence shows that other non-medication treatments, such as Cognitive Behavioural Therapy (CBT) for anxiety or CBT for insomnia, sleep hygiene techniques, mindfulness, and healthy exercise, are all effective ways to manage mental health issues, often with longer-term benefits than benzodiazepines and z-drugs. You can discuss optimizing non-medication and other medication-based treatments with your doctor. Ask for a referral to counselling or specialized services. If your distress becomes overwhelming, call or present to local crisis services. There are also peer-lead support groups that have helped many people recover from mental health issues, such as the Anxiety Disorders Association of Manitoba, the Mood Disorders Association of Manitoba, 12-Step programs, and other self-help groups that can offer more support.