

Agreement on the Use of Benzodiazepines

Benzodiazepines are sedative medicines used for anxiety and insomnia. These are highly controlled substances because of the risks they carry:

1. **Accidental overdose.** The rate of death from accidental overdose with sedatives (opioid pain medicines, benzos, and alcohol) is greater than the risk of death from car accidents and is considered a national epidemic. These deaths are accidental, and are not suicide. Sedatives can shut down breathing, and people may take more than intended because they impair memory.
2. **Addictive potential.** People can develop tolerance or addiction to benzos, especially if they are taken daily for more than three months. *Addiction* means that people overuse the medication to get a rewarding effect from it. *Tolerance* means that the medicine can stop working and withdrawal problems (including seizures) can occur if it's stopped suddenly.
3. **Lack of therapeutic value.** Although they reduce anxiety in the short term, most anxiety disorders worsen when benzos are used long term, particularly those related to trauma or phobic avoidance. People with panic disorder tend to have the best response to benzos.

What that means is you'll need to be very responsible with these scripts as we cannot call in extra amounts. It also means these medications are not good for you. They are meant for emergency relief of extreme anxiety. Regular use of benzos is associated with:

1. **Gradual cognitive decline.** Benzos have mild toxic effects on the brain that build up gradually over time. Over several decades, the cognitive impairment is significant, comparable to the effect that sleep deprivation or the flu can have on memory and attention. The brain can heal from these effects. After stopping benzos for 6 months concentration recovers significantly.
2. **Dementia.** Although this research is not definitive, available studies suggest that benzodiazepine use can double the risk of dementia. The risk is greater with longer-term use and higher-doses.
3. **Car accidents.** Benzos impair coordination and spatial abilities. People who take benzodiazepines regularly have double the risk of car accidents. Benzos also reduce awareness, so people who have impaired driving aren't aware of the problem.
4. **Falls.** Benzos raise the risk of dangerous falls by 140%. This risk is greatest in the first few weeks after starting them and is a particular concern for people over 60 where falls are a leading cause of death.
5. **Lung problems.** Benzos slow breathing, and increase the risk of lung infections.
6. **Shortened life span.** Generally, people live longer when they take psychiatric medications because healing the brain tends to help the body. That is not true with benzodiazepines. In nearly every population studied, patients who took benzos had shorter life spans.

How to reduce your risks with benzos

1. **Avoid combining benzos with alcohol or opioid medications.**

2. **Use a safer benzo.** For most of the risks above, oxazepam (Serax) and lorazepam (Ativan) are the safest. Benzos with greater risks of addiction, memory problems, and accidental overdose are: alprazolam (Xanax), clonazepam (Klonopin), and diazepam (Valium).
3. **Minimize your dose.** If your benzo is written for “as needed” use, try to reserve it for emergencies. Anxiety can make it feel like everything is an emergency (that’s part of the disorder), so practice thinking it through before you use the benzo. Could things be worse? Could you make it through without it? Everyone has emergencies now and then, but if you’re having daily emergencies it would be a good idea to come in for a sooner visit or start therapy for anxiety. Therapy is slower to take effect, but it’s anti-anxiety effects are more significant and longer lasting than the benzo’s.
4. **Make a trade off.** If you take the benzo, make sure that you’re using it to improve your functioning. Say to yourself, “I’ll take this, but only if I actually face the things that are making me anxious [or do something else that will improve mental health].” Are you still avoiding things or staying in bed after taking it? Or, does taking it help you to go out into the world and do the things you need to?
5. **Take an active role in reducing anxiety.** Regular therapy is the best treatment for anxiety and tends to work better over the long-term than most psychiatric medications. There are also things you can add to your daily life to help anxiety, such as aerobic exercise, lowering caffeine, progressive muscle relaxation, mindfulness, and breathing exercises. There are free videos and apps to guide you through those steps, see:
 - **Apps:** moodtreatmentcenter.com/apps (try Breath2Relax, Panic Relief, Agoraphobia Free, or a mindfulness app like Headspace, Smiling Mind, Insight Timer, iMindfulness, and Mindfulness Daily).
 - **Videos and other therapies:** moodtreatmentcenter.com/anxietyoptions
 - **Guided self-help:** www.anxieties.com
 - **Aromatherapy:** Scents with calming properties include lavender, jasmine, chamomile, sweet marjoram, frankincense, and bergamot. Use them before bed or throughout the night through an oil diffuser. Aromatherapy changes neurotransmitters in the brain.
6. **Don’t feel bad about using a benzo.** We’ve emphasized their risks because you need to know that – even though we’ve prescribed them – they are not good for you. But to put that in perspective, *taking a benzo for anxiety is much healthier than using alcohol*, which carries the same risks and many more. Benzos and alcohol do similar things in the brain, but alcohol causes damage in nearly every organ of the body while benzos do not. Alcohol is the leading cause of death among middle-aged adults in the U.S., so if you’re taking a benzo now and then you are doing much better for your health than most.

The Controlled Substance Database

The state of North Carolina tracks benzo prescriptions through a data-base that records the date, amount, pharmacy, and prescriber for each controlled substance filled.

Physicians and pharmacists check this database, and we are not allowed to prescribe early refills for these medicines. If there are irregularities in your database, physicians may not be able to prescribe controlled substances for you. Examples of things that would be problematic include:

- Calling for early refills of controlled substances
- Obtaining the same class of controlled substances from multiple physicians (classes are “Benzos and sleep meds”, “Pain meds”, and “Stimulants”)
- Using multiple pharmacies or changing pharmacies frequently
- Allowing other people to use your medication (this is also illegal)

With all these problems you may wonder why benzos are prescribed. The reason is that anxiety disorders are very impairing: they are among the ten most common causes of disability.

Agreement on the Use of Controlled Substances (keep this copy for your records)

I understand that my use of controlled prescriptions is monitored and regulated by state agencies. While I am in treatment at the Mood Treatment Center I will strive to prevent problems in my controlled-substance record. Specifically I agree that:

1. I will not request early refills of controlled substances.
2. I will keep regular office visits and receive refills at the office rather than by phone or through automated pharmacy refill systems.
3. In rare cases when I am unable to keep an office visit I will provide one week notice for refills of controlled substances to allow time to check the state database.
4. If I think I need to change the dosage or type of controlled substance I am taking, I will schedule an office visit rather than trying to make changes on my own or by telephone.
5. I will not allow others to use my medication.
6. I will not receive prescriptions for benzodiazepines from other physicians without informing the Mood Treatment Center (unless it is part of a hospital stay).
7. *Special notes:* some states may not honor out-of-state prescriptions for controlled substances. Controlled substances will show up on urine drug screens.

Partial list of Controlled Substances

Benzodiazepines: alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), clobazam (Onfi), clorazepate (Tranxene), diazepam (Valium), estazolam (ProSom), flurazepam (Dalmane), lorazepam (Ativan), midazolam (Versed), oxazepam (Serax), quazepam (Doral), temazepam (Restoril).

Stimulants: methylphenidate (Ritalin, Concerta, Metadate, Methylin, Daytrana), dexamethylphenidate (Focalin), amphetamine-salts (Adderall), dextroamphetamine (Dexedrine, Vyvanse, Zenzedi).

Sleep Medicines: eszopiclone (Lunesta), zaleplon (Sonata), zolpidem (Ambien, Edluar, Intermezzo).

Opioids: buprenorphine, codeine, hydrocodone, hydromorphone, fentanyl, meperidine, morphine, tramadol, oxycodone, oxycontin.

Other: modafinil (Provigil, Nuvigil), dronabinol (Marinol), gamma hydroxybutyric acid (Xyrem), barbiturates.

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Signature

Date