Joint statement: avoid using prescription opioid and benzodiazepine medications at the same time

For Patients/Consumers

ScriptWise and the Faculty of Pain Medicine (ANZCA) advise patients to avoid using opioid and benzodiazepine medications (or other central nervous system depressants like alcohol) at the same time.

Too many Australians are dying due to overdoses involving prescription opioids and benzodiazepines. In 2016, an Australian most likely to die from a drug induced death was a middle-aged man misusing multiple prescription medications such as benzodiazepines or oxycodone[1]. Benzodiazepines were also the most common drug present in drug induced deaths in 2016 (663 deaths involved benzodiazepines or 36.7%)[1]. In over 96% of these drug deaths, they were taken with other drugs, including alcohol[1].

What are opioids?

Opioids are one of the main types of medications used to treat moderate to severe short-term pain after surgery or an injury. Common opioids include codeine, morphine, oxycodone, pethidine, fentanyl and tramadol. Using opioids for three months or longer is not recommended because it can lead to tolerance and opioid dependence as well as many other harms. There is also evidence long-term use can lead to worse pain than avoiding the medication altogether.

What are benzodiazepines?

Benzodiazepines are a sedative medication (sometimes referred to as 'benzos' or sleeping tablets) and are usually prescribed to treat anxiety and/or insomnia for less than four weeks. Common benzodiazepines include diazepam, temazepam and alprazolam. It is possible to become dependent, and experience withdrawal symptoms when the medication is stopped, even when taking the prescribed dose.

What happens when you combine opioids and benzodiazepines?

The combined use of these medications can lead to increased risks of sedation, problems with slow or shallow breathing, a reduced drive to breathe and eventually coma and/or death.

In the body, opioids and benzodiazepines act to depress the central nervous system. These effects are further increased when the medications are used together or with other central nervous system depressants such as alcohol.

What do I do if I've been prescribed both of these medications?

If you have been prescribed a combination of opioid and benzodiazepine medications, talk with your prescriber (usually your GP) about how to reduce the risks of using these medications. This is an opportunity to speak about alternative and potentially more effective long-term treatments to manage your health condition/s such as pain and anxiety. Your prescriber can also work with you to develop a plan to reduce your medication use over time if needed. Some questions you might like to ask are:

- Are these two medications still the best way to treat my health condition/s?
- Are there other more effective alternatives available?
- Could we start to reduce my use of one (and eventually both) of these medications?
- Could I speak to you about getting a prescription for naloxone, an opioid overdose antidote, and can you help me explain how to use it?

For more information visit: www.scriptwise.org.au/benzodiazepines or call the National Alcohol and Other Drug Hotline: 1800 250 015

FPM
FACULTY OF PAIN MEDICINE
ANZCA

Script Wise
Preventing prescription medication misuse.

For clinicians

There is increasing evidence of prescription medication related harms and overdose deaths due to inappropriate prescription and unsanctioned use of opioids and benzodiazepines in Australia.

Recommendation: avoid prescribing a combination of opioid and benzodiazepine medications for patients with acute or chronic pain

- Australian and international guidelines support the avoidance of prescribing a combination of opioid and benzodiazepine medications[2,3,4,5,6,7]
- It is well-established that concomitant use of opioids with central nervous system depressants such as benzodiazepines or alcohol is associated with increased risk of profound sedation, respiratory depression, coma and death[2,5]
- Concomitant use of benzodiazepines or other central nervous system depressants further enhances the effects of opioids such as respiratory-depression[3,4]
- Increased caution is also urged for the prescription of these medications during sleep hours, particularly in older patients or in patients with sleep disorders (such as sleep apnoea)[3,4]
- The concurrent prescription of opioids and benzodiazepines may be appropriate if a patient has severe acute pain and is also on a long-term, stable low-dose of benzodiazepine medication[5] or if alternative treatments are inadequate or ineffective[2]
- When concomitant prescribing does occur, minimum dosage and duration are advised, along with appropriate monitoring for sedation and respiratory problems[2]

Concerns about combined use of opioids and benzodiazepines in the management of pain

- The combined use of prescription opioids and benzodiazepines is associated with an increased risk of overdose death[5,6]
- The combined use of these medications can also impair driving and Increasing evidence suggests that use of benzodiazepines in particular is associated with increased risk of road accidents[8]
- According to the Australian Bureau of Statistics, in 2016, an Australian most likely to die from a drug induced death was a middle-aged man misusing multiple prescription medications such as benzodiazepines or oxycodone[1]
- Benzodiazepines were present in 663 deaths in 2016, making them the most common drug present in drug induced deaths (36.7%). Moreover, in over 96% of these drug deaths, they were taken with other drugs, including alcohol[1]
- Prescription opioids such as oxycodone, morphine and codeine were present in over 30% of drug deaths in 2016[1]
- Studies in the United States and Canada have also indicated that combined use of these medications increases overdose risks[6]
- In West Virginia, people who filled an opioid and benzodiazepine prescription were at a 15-fold increase of risk of a drug-related death compared to people who weren't prescribed these medications[6]
- In Canada, the toxicology reports of 60.4% of people who died due to an opioid-related death (and had been prescribed an opioid for non-malignant pain) showed benzodiazepines[6]

Practice point

- Clinicians are advised to obtain a full history of the patient's use of medications and other substances in a non-judgmental manner to develop an individualised pain management plan[9]
- Pain management plans involving opioids should also be developed with an understanding of co-morbidities such as anxiety and depression[5]

- When risk factors such as combined use of benzodiazepines and opioids are identified, pain management plans should reduce the risk of overdose by also providing naloxone[5]
- Patients at increased risk of concomitant prescribing include older adults who are more likely to have been prescribed multiple medications for co-morbid medical conditions or patients with mental health conditions such as anxiety[5]
- It has also been suggested that the use of benzodiazepines may be an indicator for those at high risk of opioid overdose[6]
- It may be safer to taper a patient off opioids (in comparison to benzodiazepines) when jointly prescribed. This method may be more effective given benzodiazepine withdrawal is associated with greater risk, potentially longer withdrawal symptoms and tapering could result in increased anxiety[5]
- Clinicians must advise their patient and/or caregivers about the risks associated with using these medications in combination, or with other CNS depressants such as alcohol[2]
- Clinicians should also ensure that patients understand the effect their medication may have on their ability to safely drive or operate other machinery, particularly if other CNS depressants are used concomitantly[5]

Further resources

Faculty of Pain Medicine (ANZCA), 'Recommendations regarding the use of Opioid Analgesics in patients with chronic Non-Cancer Pain', http://fpm.anzca.edu.au/documents/pm1-2010.pdf

RACGP, 'Prescribing drugs of dependence in general practice, part A: clinical governance framework' https://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-a

RACGP, 'Prescribing drugs of dependence in general practice, part B: benzodiazepines' https://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-b

Primary Health Tasmania, 'A Guide to Deprescribing Benzodiazepines' https://www.primaryhealthtas.com.au/sites/default/files/A%20Guide%20to%20Deprescribing%20Benzodiazepines.pdf

Primary Health Tasmania, 'A Guide to Deprescribing Opioids' https://www.primaryhealthtas.com.au/sites/default/files/A%20Guide%20to%20Deprescribing%20Opioids.pdf

Beyond Blue, 'Resources for Health Professionals' https://www.beyondblue.org.au/health-professionals

Centre for Clinical Interventions, 'Top 10 Patient Handouts for free download by GPs' http://www.cci.health.wa.gov.au/resources/doctors.cfm

NPS MedicineWise, 'Chronic pain: opioids and beyond' and 'Chronic pain: opioids and beyond case study' https://www.nps.org.au/cpd/activities/chronic-pain-opioids-and-beyond?p=GPs and https://www.nps.org.au/cpd/activities/chronic-pain-opioids-and-beyond-case-study?p=GPs

All states and territories across Australia provide a help line for health professionals seeking advice on the treatment of patients with drug issues

FPM
FACULTY OF PAIN MEDICINE
ANZCA

Script Wise
Preventing prescription medication misuse.

VIC (DACAS): 1800 812 804
SA (DACAS): 08 7087 1742
NSW (DASAS): 02 9361 8006 (Syd) or 1800 023 687 (Regional/rural NSW)
TAS (DACAS): 1800 630 093
ACT (Alcohol and Drug Service): 02 6207 9977
Reconnexion: 1300 273 266
To request information, resources or secondary consultations on benzodiazepine issues
NT (DACAS): 1800 111 092
WA (Drugs of Dependence Unit): 9222 4424

References

1. Australian Bureau of Statistics, 'Drug Induced Deaths in Australia: A changing story', *3303.0- Causes of Death, Australia, 2016*. (accessed online 23/7/2018) (http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6)
2. FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics. Updated 05/2017. (accessed online 17/7/2018) (https://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM515636.pdf)
3. Webster L. President's Message Eight Principles for Safer Opioid Prescribing. Pain Medicine 2013; 14:959- 961. (accessed online 23/7/18) (http://onlinelibrary.wiley.com/doi/10.1111/pme.12194/pdf)
4. Webster LR, Choi Y, Desai H, Grant BJB, Webster L. Sleep-disordered breathing and chronic opioid therapy. Pain Med 2008;9(4):425–32. (https://www.ncbi.nlm.nih.gov/pubmed/18489633)
5. Dowell D, Tamara MH, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain – United States 2016. MMWR Recommendations and Reports March 18, 2016; 65(1):1-49 (accessed online 17/7/2018) (https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf)
6. Jones CM, McAninch JK. Emergency department visits and overdose deaths from combined use of opioids and benzodiazepines. Am J Prev Med 2015;49:493–501. (http://dx.doi.org/10.1016/j.amepre.2015.03.040)
7. Jann M, Kennedy MK, Lopez, G. Benzodiazepines. A Major Component in Unintentional Prescription Drug Overdoses With Opioid Analgesics. Journal of Pharmacy Practice Vol 27, Issue 1: 5-16. (https://doi.org/10.1177/0897190013515001)
8. Mallick, J., Johnston, J., Goren, N., & Kennedy, V. (2007). Drugs and Driving in Australia: A Survey of Community Attitudes, Experiences and Understanding. Melbourne: Australian Drug Foundation.
9. Chou R, Gordon D, de Leon-Casasola O, et al. Guidelines on the Management of Postoperative Pain: A Clinical Practice Guideline from the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council. The Journal of Pain 2016; 17 (2) 131-157 (http://www.jpain.org/article/S1526-5900(15)00995-5/pdf)