

2022 ANNUAL MEETING

October 27, 2022



Benzodiazepine Action Workgroup: Advocacy, Provider Education, and Peer Support to Decrease Harms by Prescription Benzodiazepines

Welcome! We are glad you are joining the Consortium's 10th annual meeting today!

- **Introductions**

- Session host and co-host: Shayna Micucci and Kristin Carpenter
- Speakers: Dr. Alexis Ritvo and D.E. Foster

- **Housekeeping**

- Participants are muted
- Session is being recorded
- Questions and comments can be put into the chat box

- **Join us for the general session starting at 10:00**


- New Zoom link will be provided at the end of this presentation



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Benzodiazepine Action Workgroup:

Advocacy, Provider Education,
and Peer Support to Decrease
Harms by Prescription
Benzodiazepines

Co-Chairs

Alexis Ritvo, MD, MPH

D E Foster



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Introductions

Alexis Ritvo, MD, MPH

- University of Colorado School of Medicine, Addiction Psychiatry Director & Assistant Professor of Psychiatry
- Colorado Consortium's Benzodiazepine Action Work Group, Co-Chair
- Alliance for Benzodiazepine Best Practices, Medical Director



D E Foster

- Easing Anxiety (The Benzo Free Podcast), Founder & Host
- Colorado Consortium's Benzodiazepine Action Work Group, Co-Chair
- Book: "Benzo Free: The World of Anti-Anxiety Drugs and the Reality of Withdrawal," Author



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Presentation objectives

1. The Benzodiazepine Action Work Group (BAWG)
2. Education & Awareness (2022)
 - a) Provider Education
 - b) Peer Support Training
3. Research & Publication (2022)
 - a) Benzo Survey
 - b) BIND Nosology
4. Q & A



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The Benzodiazepine Action Work Group (BAWG)

- BAWG Mission
- Partner Organizations



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BAWG Mission

The mission of the Benzodiazepine Action Work Group is to increase benzodiazepine safety through education, patient support, and informed prescribing and deprescribing practices.

This organization encompasses a unique blend of medical professionals, global support groups, and individuals with lived experience.



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BAWG Partner Organizations

- A Colorado-Based Organization with a National Reach
- Our Partner Organizations
 - **The Alliance for Benzodiazepine Best Practices**
 - <https://benzoreform.org>
 - **Benzodiazepine Information Coalition**
 - <https://benzoinfo.com>
 - **Benzo Warrior**
 - <https://benzowarrior.com>
 - **Easing Anxiety (The Benzo Free Podcast)**
 - <https://easinganxiety.com>
 - **The Schreiber Research Group**
 - <https://tsrg.org>



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Education & Awareness

Prescriber Education

- Provider Education
- Rules Regarding the Use of Benzodiazepines
- Prescribing Limitations
- EMR Notifications
- CME Series on Benzodiazepines
- BAWG Provider Education Tools



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Provider Education

Colorado House Bill 1276 requires:

- The center (i.e. Consortium) to include in continuing education activities best practices for prescribing benzodiazepines and potential harm of inappropriately limiting prescriptions to patients and makes an appropriation for this purpose
- each licensed health-care provider, as a condition of renewing, reactivating, or reinstating a license on or after October 1, 2022, to complete up to **four credit hours of training per licensing cycle** in order to demonstrate competency including: best practices for prescribing benzodiazepines



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HB21-1276 → Colorado Medical Board Rule 180 – Rules Regarding the Use of Benzodiazepines

- a prescriber must limit the supply of a benzodiazepine to 30 days, including refills, if a patient has not been prescribed a benzodiazepine in the past 12 months.
- Prior to prescribing the second fill of a benzodiazepine, a licensee must **check the prescription drug monitor (PDMP)** → subsequent 2022 PDMP bill changed this requirement to check PDMP on every fill of a benzodiazepine
- Updated requirement that each medical licensing cycle a licensee must complete up to four credit hours of training to demonstrate competency regarding prescribing opioids, management of chronic pain, evaluation of substance use disorders and **best practice for prescribing of benzodiazepines**

Prescribing Limitations

The limitation on prescribing does not apply to patients for whom licensees prescribe benzodiazepines for the following conditions:

- Epilepsy;
- A seizure, a seizure disorder, or a suspected seizure disorder;
- Spasticity;
- Alcohol withdrawal; or
- A neurological condition, including a post-traumatic brain injury or catatonia.



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EMR Notifications

Attention (1)

⚠ Evaluate benzodiazepine prescription (BPA #15003)

Benzodiazepine naive patient

Per UCHHealth records, this patient has not been prescribed a benzodiazepine in the last 12 months.

Per COLORADO STATUTE 3 CCR 713-49 Rule 180: For patients who have not received a benzodiazepine in the last 12 months, new benzodiazepine prescriptions may not exceed 30 days unless patient meets criteria for long-term therapy: seizure or suspected seizure disorder, spasticity, alcohol withdrawal, or a neurological condition including a post-traumatic brain injury or catatonia.

This prescription exceeds the limit (>30 days or more than 0 refills).

Please review the PDMP (link below) to verify this is a new medication in the last 12 months, and limit prescription to 30 days or less if this is new therapy.



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CME Series on Benzodiazepines



Register now: free 4 part CME series on benzodiazepines (BZDs)*

Presenters:
Alexis Ritvo, MD, MPH
Jeffrey Gold, PharmD
Christy Huff, MD
D.E. Foster

BZD Appropriate Prescribing and Alternative Treatments May 3, 2022 12:00-1:00 pm online	Consequences of Prescription BZD Use & At Risk Populations May 10, 2022 12:00-1:00pm online	BZD Induced Neurologic Dysfunction (BIND) May 17, 2022 12:00-1:00pm online	Deprescribing/Tapering of Prescription BZDs May 24, 2022 12:00-1:00pm online
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Recordings of the 4 webinars (do not qualify for CME): <https://corxconsortium.org/bz-webinars/>

Professionally produced versions of presentations eligible for CME coming soon!

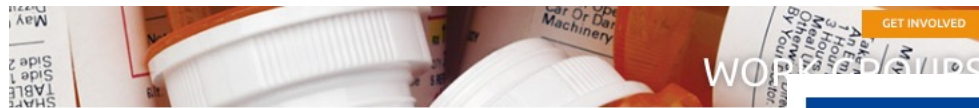
— Public Health Trainings: <https://registrations.publichealthpractice.org>



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BAWG Provider Education Tools



WORK GROUPS OVERVIEW	AFFECTED FAMILIES & FRIENDS	BENZODIAZEPINE ACTION	CRIMINAL JUSTICE RESPONSE	DATA
	PRESCRIPTION DRUG MONITORING PROGRAM	PROVIDER EDUCATION	PUBLIC AWARENESS	RECOVERY
	TREATMENT			

Benzodiazepine Action

The mission of the Benzodiazepine Action work group is to increasing benzodiazepine safety through education, patient support, and deprescribing practices.

This work group meets by remote teleconferencing. Please see [the work group schedule](#) for details. The current work group ro minutes, and upcoming meeting schedule can be found on this page.

Co-Chairs

Alexis Ritvo, M.D. University of Colorado School of Medicine

D.E. Foster

Contact

Please contact us at Info@corxconsortium.org for more information or to volunteer to participate in the group's activities.

[JOIN THIS WORK GROUP](#)

Information	Projects	
<ul style="list-style-type: none">RosterMeeting MinutesMeeting Schedule	<ul style="list-style-type: none">Free CME Course: Safe Prescribing of Benzodiazepines-- Lessons Learned from the Opioid EpidemicFree CME Course: Benzodiazepines: Boon or Blunder?Benzodiazepine Peer Support Guidance DocumentBenzodiazepine Prescribing Guidance DocumentBenzodiazepine Deprescribing Guidance DocumentPatient/Healthcare provider informed consent form	<ul style="list-style-type: none">Ashton ManualBenzo InformThe Alliance PracticesThe SchreibeEasing Anxiety

Projects

- [Free CME Course: Safe Prescribing of Benzodiazepines-- Lessons Learned from the Opioid Epidemic](#)
- [Free CME Course: Benzodiazepines: Boon or Blunder?](#)
- [Benzodiazepine Peer Support Guidance Document](#)
- [Benzodiazepine Prescribing Guidance Document](#)
- [Benzodiazepine Deprescribing Guidance Document](#)
- [Patient/Healthcare provider informed consent form](#)

<https://benzoaction.org>



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BAWG Provider Education Tools



BENZODIAZEPINE PRESCRIBING GUIDANCE

Benzodiazepines (BZs) and Z-drugs (see table) are the most commonly prescribed medications in the benzodiazepine receptor agonist (BZRA) class. Today, there are 14 BZs and 3 Z-drugs that are FDA approved, with anxiety and insomnia being the primary approved conditions for prescribing.¹

Restraint on BZRA prescribing is urged as they may lose efficacy and/or cause worsening adverse reactions over time including physiologic dependence with disastrous consequences. Restraint on BZRA prescribing is urged. BZRA efficacy may wane overtime, especially when use is consistent. In a subset of patients, both during titration and/ or after cessation, BZs can cause disabling discontinuation syndromes that can last years. Repeated BZ cessation can cause central nervous system sensitization, a phenomenon known as kindling. BZs are also implicated in a third of opioid-related overdose death.² While BZRAs do have some limited indications,³ they are often prescribed in the absence of adequate research and for far longer⁴ than the recommended time limitation of 2-4 weeks.^{5,6,7} Present day prescribing guidance is limited, contradictory and based on insufficient research that has not been adequately adjudicated for quality and bias.

The recommendations in this guidance are evidence-based and/or amplified by collective clinical experience. They are not comprehensive and should not replace clinical judgement informed by individual circumstances. Other sources provide detailed background information and rationale for these recommendations,^{8,9} and the reader is also referred to the Benzodiazepine Deprescribing Guidance, the companion to this document. Further sources provide rationale for these recommendations.^{8,9}

CLINICAL PRACTICE BZRA PRESCRIBING RECOMMENDATIONS

- 1) Listen carefully and respectfully to affected individuals as they are experts on their own lived experiences and often have a sophisticated understanding of therapeutic interventions including BZRAs⁹
- 2) Fully assess patient concerns and medical conditions for which BZRAs might be prescribed
- 3) Establish the diagnosis, severity, and the need to treat
- 4) Screen for addiction-prone substance use risk by means of
 - a) Personal and family history of substance use disorder¹⁰ and personal history of trauma¹¹
 - b) Screening portion of SBIRT (Screening Brief Intervention and Referral to Treatment) to help identify and then address current addiction-prone substance use¹²
 - c) Online review of prescription database to identify prescribed addiction-prone substances¹³
 - d) Definitive drug testing, if indicated based on clinical judgment^{14,15}

BAWG Provider Education Tools



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BENZODIAZEPINE DEPRESCRIBING GUIDANCE

While recommended for short-term use (<2-4 weeks),¹⁻³ long-term benzodiazepine receptor agonist (BZRA) therapy is a common scenario in clinical practice.^{4,5} Among chronic BZRA patients, 58-100% develop physiologic dependence as reflected by withdrawal symptoms on discontinuation.⁶ This is the dominant problem in this patient group-not addiction to BZRAs *per se*^{7,8}-and may occur even at prescribed, therapeutic doses.^{9,10} In a subset of individuals, withdrawal is a difficult (and sometimes disabling) process, with 10-15% experiencing a protracted course¹¹ of psychologic, neurophysiologic, and somatic symptoms that may fluctuate unpredictably in a pattern of “waves” and “windows.”^{8,12} Many patients experiencing BZRA withdrawal seek support from online patient forums,¹³ suggesting that further support and guidance from prescribers is warranted regarding withdrawal disorders.¹⁴

Since BZRA benefits fade,^{15,16} while adverse outcomes increase over time,⁸ deprescribing should be offered to all patients (especially when use exceeds 4 weeks).^{1,8,12} Current available deprescribing guidance in the literature is heterogeneous,¹⁷ but overall consensus is that a gradual, symptom-based taper is the best approach.^{12,18-20} In September 2020, the FDA updated its boxed warning for benzodiazepines to include the risks of physiologic dependence and withdrawal reactions, noting that a gradual taper can potentially mitigate withdrawal symptoms. However, the new warnings give little guidance on deprescribing protocols.¹⁰ The following clinical practice recommendations for BZRA deprescribing are based on the existing literature, enriched by clinical and lived experience. They are not comprehensive and should not replace clinical judgement informed by individual circumstances. Please also see the companion documents, Benzodiazepine Prescribing Guidance and Peer Support.



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Education & Awareness

Peer Support Training

- Lack of Support
- Online / Peer Support
- Peer Support Training Program
- Phase I
- Phase II
- Final Phases



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Lack of Support

Medical Community

“While it might initially seem that these communities and video blogs are simply artifacts of the internet culture, a closer look at the stories told on these forums suggests a different message. The message is that physicians have been unprepared for these withdrawal disorders and are unable to treat or even guide patients through complicated withdrawal from these substances.”

— Psychiatric Times, 2018

Witt-Doerring 2018



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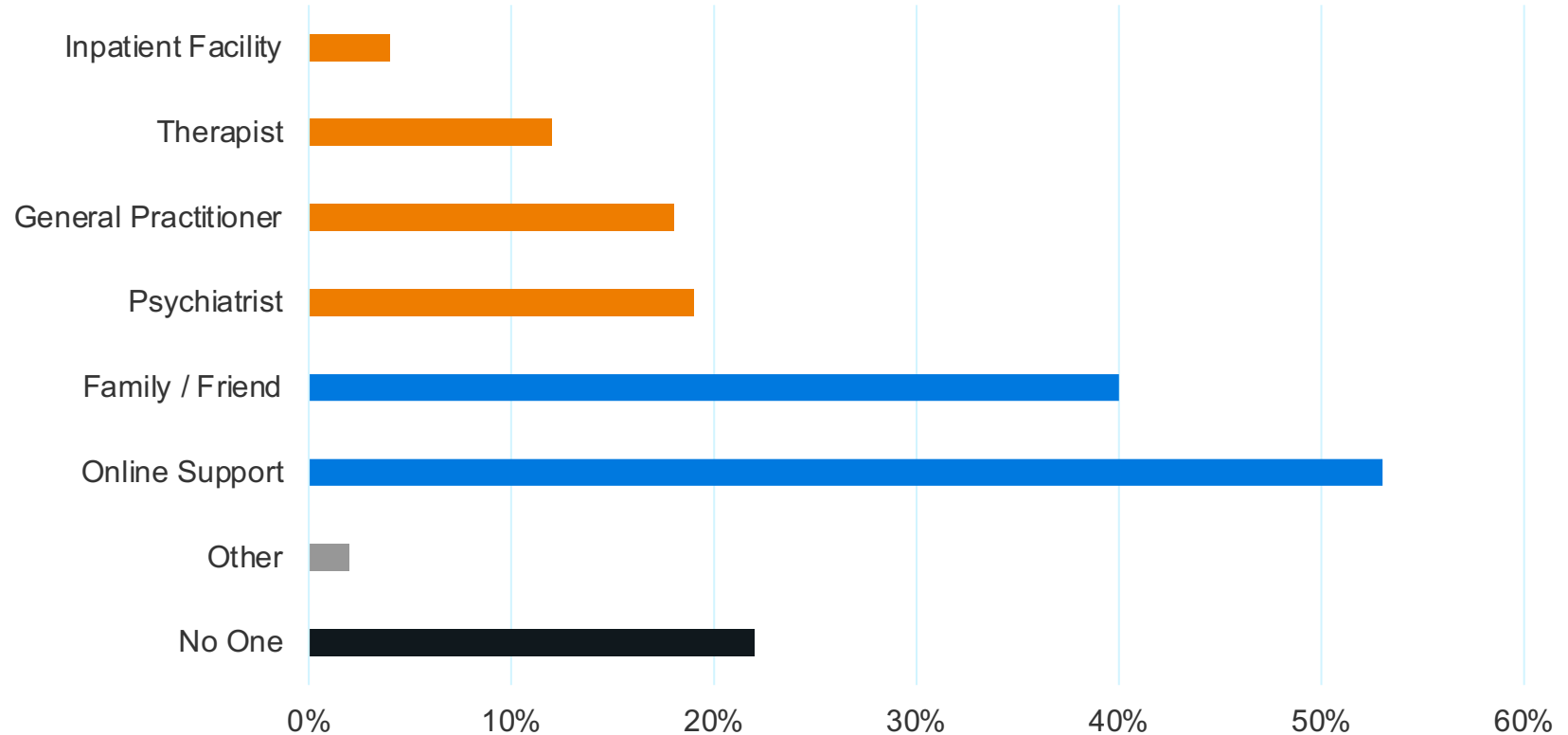
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Lack of Support

Sources of Support

(Sources of assistance during withdrawal identified by 493 Benzo Buddies participants)



Pittman 2013

Online / Peer Support

The Good, the Bad, and the Ugly

- The Good
 - Support from individuals with similar experiences
 - Emotional Support / Friendship
- The Bad
 - Horror stories, talk of suicide can be triggering
 - Emotionally draining to support other members, when ill yourself
 - Misinformation / Bad medical advice
- The Ugly
 - These groups exist because BIND is not recognized
 - No formal support, so there is no where else to go

Peer Support Training Program

- Need for Certified Peer Support Training Program
 - No formal peer training program for benzos currently exists
 - Peer support specialists are more accessible and available
- Type of Training
 - Developed in conjunction with existing prescription drug recovery coach training programs
 - Stand alone 12- hour (2-day) course
 - Primary gains from this type of course:
 - For benzo community / lived-experience: A certified training option
 - For other recovery coaches: Education on the unique challenges of benzodiazepines



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Phase I

Deliverables

- **Proposal / Funding Request:** ARPA (American Rescue Plan Act of 2021) Funding
- Create a **benzodiazepine-specific 12- hour training module** (Completed June 2022)

Development Team

- 6-member core development team (BAWG Members)
 - **Trina Faatz, MA** – Boulder County Substance Use Advisory
 - **D E Foster** – BAWG Co-Chair / Benzo Free Podcast, Host
 - **Christy Huff, MD** – Benzodiazepine Information Coalition, Director
 - **Nicole Lamberson, PA** – Benzodiazepine Information Coalition, Medical Advisor
 - **Alexis Ritvo, MD, MPH** – BAWG Co-Chair / Alliance for Benzodiazepine Best Practices, Med. Director
 - **Terri Schreiber** – The Schreiber Research Group, CEO / Researcher
- Consortium (Program Management) - **Susanna Cooper**
- Training Development Partner
 - **Ginger Ross** (Choices Recovery Training)

Phase II

Deliverables (October 2022 – January 2023)

- Teach an initial **pilot course**
- Create and execute a formal **evaluation process** for the pilot course
- Develop a 3-5 minutes **animated video** on the science of benzodiazepines
- Develop a **training manual** as an addendum to the course
- Research and establish **course certification**
- Develop a **deployment plan** for Phases III & IV

Additions to Development Team

- 2 New Core Team Members (BAWG Members)
 - **Barbara Connolly & Lisa Gemmill**– Benzo Warrior
- Consortium (Program Management) - **Shayna Micucci**
- Development Partners
 - **Rod Rushing** (Embark PCA Recovery Services)
 - **Jay Billups** (JCBM Video & Drone)
 - **Bridget Nuechterlein & Emily Hecker** (CU Evaluation Center)



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Final Phases

Phase III

- Colorado Deployment
- 1st Half of 2023

Phase IV

- National Deployment
- 2nd Half of 2023

Maintenance & Support

- Update and maintain training program as needed
- Development and management of a certification tracking system
- Funding for maintenance can be supported in part by licensing fees

Research & Publication

Benzo Survey

- Benzodiazepine Experience Survey
- Research Team
- Survey Demographics
- Warnings of Dependence



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Benzodiazepine Experience Survey

Introduction

- Online Survey
 - Internet survey
 - October 2018 - January 2019
- Publication
 - First paper published
 - **Experiences with benzodiazepine use, tapering, and discontinuation: an Internet survey.** *Therapeutic Advances in Psychopharmacology*. Published April 25, 2022.
 - Second paper in peer review
 - Third paper in development (BIND Nosology)

“The aim of this study is to assess the experiences of those taking, tapering, or having discontinued benzodiazepines.”

Finlayson 2022

Research Team

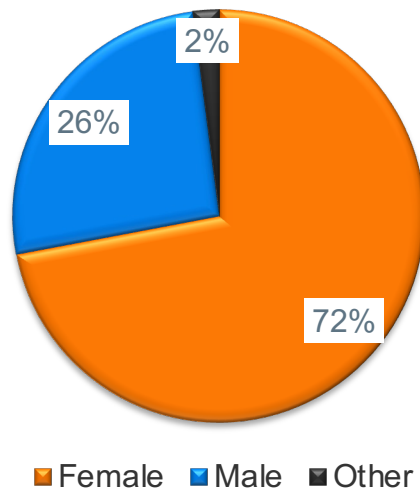
- Research Publication Sponsor
 - **The Alliance for Benzodiazepine Best Practices**
 - **Bernie Silvernail, MS** – Founder and Director ([BAWG](#))
- Survey Creators
 - **Christy Huff, MD** – Benzodiazepine Information Coalition ([BAWG](#))
 - **Jane Macoubrie, PhD** – University of Southern California, Los Angeles
- Other Team Members
 - **Alistair J. Finlayson, MD** – Vanderbilt University Medical Center
 - **D E Foster, BA** – Easing Anxiety (The Benzo Free Podcast) ([BAWG](#))
 - **Peter R. Martin, MD** – Vanderbilt University Medical Center
 - **Alexi Ritvo, MD, MPH** – University of Colorado, Anschutz Medical Center ([BAWG](#))
- Nosology Workgroup
 - **Team of 23 experts** with academic, clinical, and/or lived experience

Survey Demographics

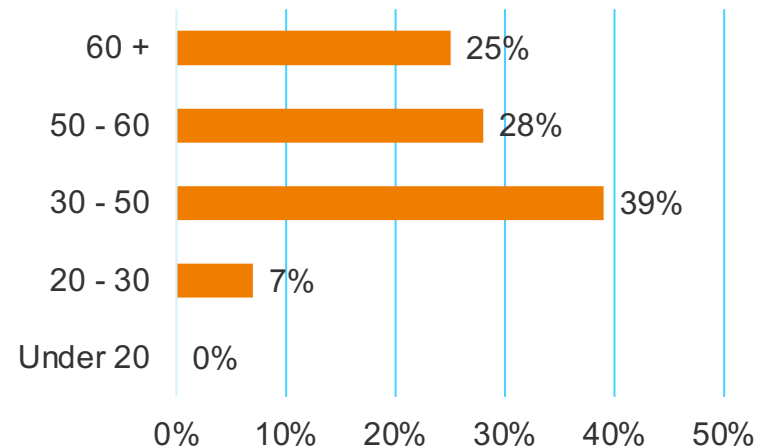
Respondents

- **1,207** Qualified Respondents
- **77%** were from the United States

Gender



Age



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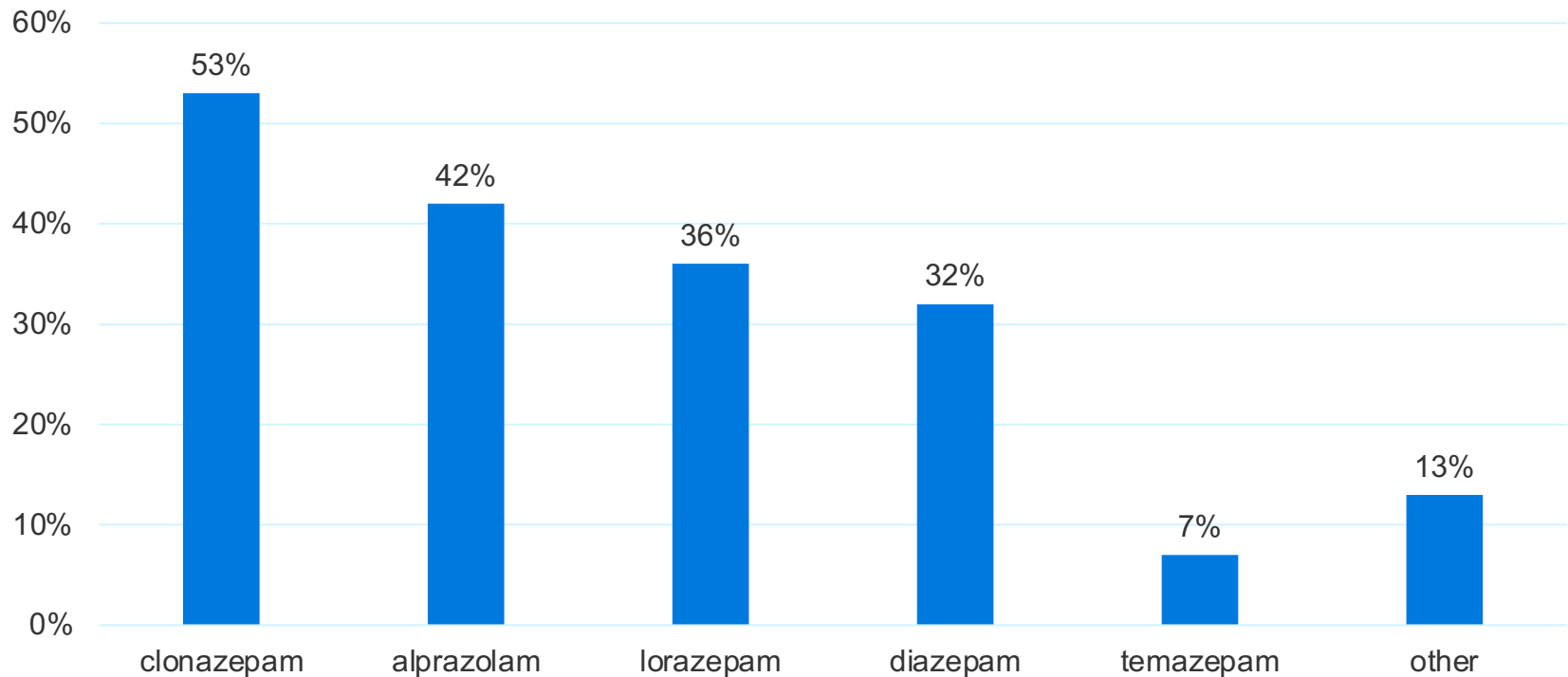
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Survey Demographics

Benzo Usage

Type of Benzodiazepine

(some individuals took multiple benzos)



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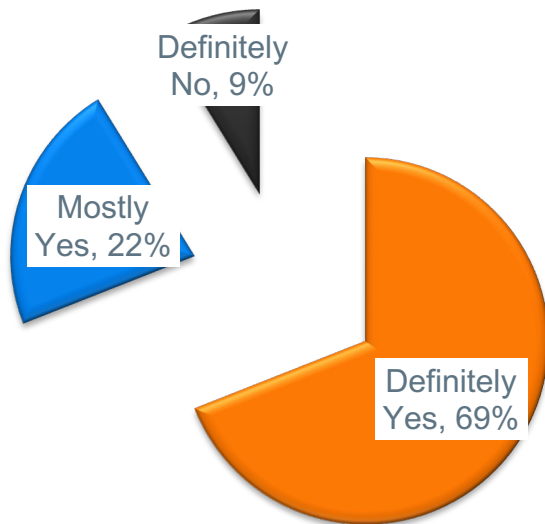
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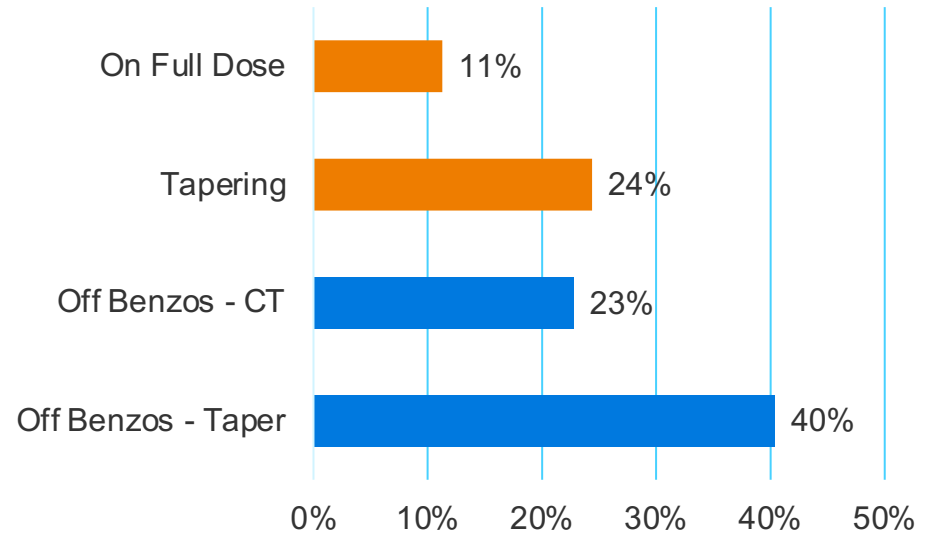
Survey Demographics

Benzo Usage

Taken as Prescribed?



Taper Status



91% of respondents took their benzodiazepine (definitely or mostly) as prescribed

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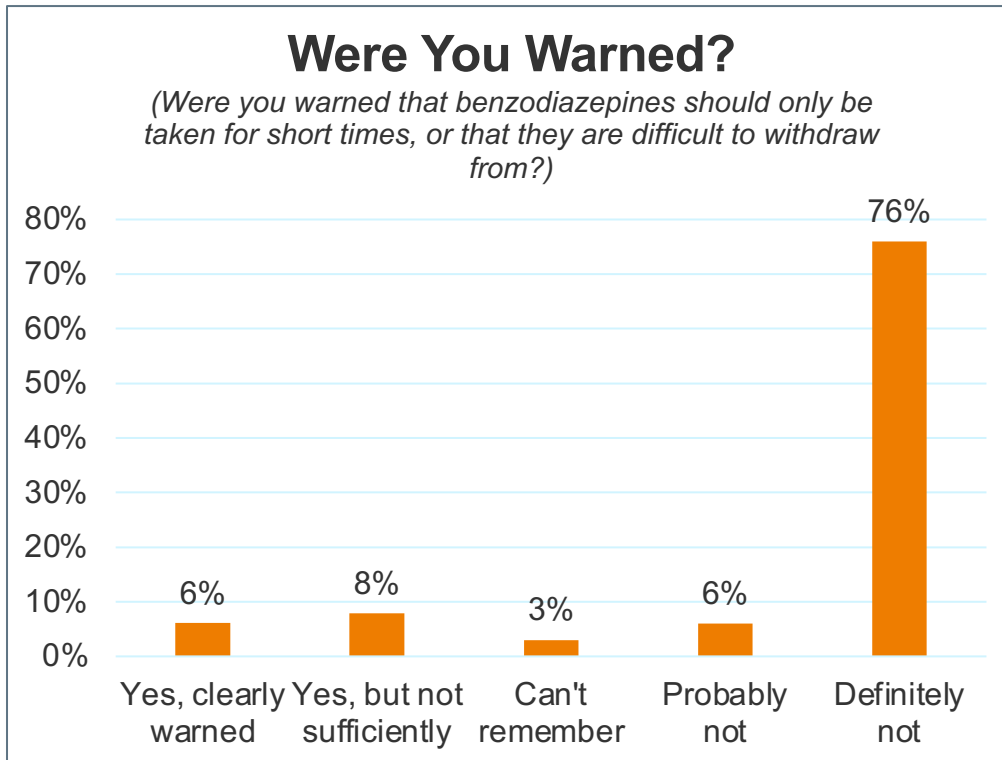


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Warnings of Dependence

Medical Community



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The FDA review that led to the updated BZ boxed warning in Sept. 2020 States that there is a *“lack of awareness or misconceptions among prescribers about appropriate management of patients taking benzodiazepines.”*



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US FDA 2020

Research & Publication

BIND Nosology

- Confusion of Terminology
- BIND Description
- Symptoms
- Adverse Life Consequences
- Suicidality



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Confusion of Terminology

BIND: It's not withdrawal

- Doctors often trained to look for symptoms of w/d only

Other Terminology for BIND

- Protracted Withdrawal (PW)
- Post-Acute Withdrawal Syndrome (PAWS)
- Persistent / Prolonged Withdrawal Syndrome (PWS)
- Benzodiazepine Withdrawal Syndrome (BWS)
- Benzodiazepine Injury Syndrome
- Benzo Brain Injury
- Others



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BIND Description

Definition

Benzodiazepine-Induced Neurological Dysfunction (BIND)

BIND is a constellation of functionally limiting neurologic symptoms (both physical and psychological) that are the consequence of neuroadaptation and/or neurotoxicity to benzodiazepine exposure. These symptoms may begin while taking or tapering benzodiazepines, and can persist for weeks, months, or even years after discontinuation.¹

14 Categories of Symptoms

- 7 Psychological
- 7 Physical

¹ Alliance for Benzodiazepine Best Practices 2022

Symptoms

Benzodiazepine Experience Survey

Percentage of respondents who experienced top 12 symptoms

Symptom	Percent
Nervousness, anxiety, fear	88%
Sleep disturbances	87%
Low energy	86%
Difficulty focusing, distracted	85%
Sensitivity to light, noise, talk, smell, triggering symptoms	79%
Memory loss	77%
Digestion, nausea, diarrhea, other stomach/gut issue	75%
Head pain, pressure	72%
Trembling or tingling in limbs, skin	72%
Balance problems	71%
Uncontrollable crying or anger	71%
Muscle weakness	70%

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Adverse Life Consequences

Life Altering Condition

- Career (financial hardship)
 - Loss of income
 - Loss of insurance
- Healthcare costs
- Relationships / family
- Judicial System
- Disability / mobility
 - Driving / transportation
 - Loss of independence
- Confidence / self-esteem



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Adverse Life Consequences

Life Altering Condition

Benzodiazepine Experience Survey

Have your discontinuation symptoms affected...

Lifestyle Effect	Percent
Fun, recreation, hobbies	89%
Social interaction, friendships	86%
Ability to take care of home, others	85%
Relationships with spouse, family	85%
Work life	83%
Ability to drive or walk	76%

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Adverse Life Consequences

Family / Relationships

- 85% of survey respondents claim negative effects on family and home ¹
- Factors that can affect familial / friend support
 - Misunderstanding / Disbelief
 - Caretaker Fatigue
 - Severity & Duration of Illness
 - Loss of Income
 - Loss of Libido / Intimacy
 - Anger / Irritability
- Family / Relationship therapy can be beneficial



¹ Finlayson 2022

Adverse Life Consequences

Life Altering Condition

Benzodiazepine Experience Survey

Have you experienced any of the following consequences of withdrawal?

Lifestyle Effect	Percent
Significantly affected marriage, other relationships	57%
Suicidal thoughts or attempted suicide	54%
Lost a job, fired, became unable to work	47%
Experienced significant increase in medical costs	41%
Loss of wages or lower wages in a reduced job capacity	33%
Lost savings or retirement funds	27%
Violent thoughts or actual violence against others	24%
Lost a home	13%
Lost a business, if a business owner	8%
Lost child custody	3%

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Adverse Life Consequences

Suicidality

- Statistics
 - **54% of survey respondents** reported suicidal ideation and/or attempted suicide ¹
 - A **review of 17 studies** found that benzodiazepines can be associated with increased suicide risk ²
- Causes
 - **Suicidal ideation can be a side effect or withdrawal symptom**, in the form of random, intrusive thoughts that encourage self harm
 - With BIND, there is also **weariness from severity/persistence of symptoms** and despair from not knowing if symptoms will improve

¹ Finlayson 2022

² Dodds 2017



Resources

Resources

Recommended Benzodiazepine Support Sites

- Benzodiazepine Action Work Group (BAWG) — benzoaction.org
 - Colorado Consortium for Prescription Drug Abuse Prevention
- The Alliance for Benzodiazepine Best Practices — benzoreform.org
- Benzodiazepine Information Coalition (BIC) — benzoinfo.com
- Benzo Warrior— benzowarrior.com
- Easing Anxiety (The Benzo Free Podcast) — easinganxiety.com



Resources

Physician Resources

- BAWG Prescribing & Deprescribing Guidance / Informed Consent — benzoaction.org
- Cooperative Doctors List — benzoinfo.com/doctors
- The Ashton Manual— benzoinfo.com/ashton

Peer Support

- BAWG Peer Support Guidance Document — benzoaction.org
- BAWG Peer Support Training Program (in development)
- The Benzo Free Podcast — easinganxiety.com/podcast



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Resources

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Questions?

Benzodiazepine Action Work Group

Visit our webpage for more information on...

- Prescribing / Deprescribing Guidelines
- Informed Consent Information
- Links to Organizations and Resources
- How to Join the Work Group

BenzoAction.org



Annual meeting continues at 10:00

Please join us for the General Session at 10:00

<https://ucdenver.zoom.us/j/91648856059>

Reminder:

DEA National Rx Take Back Day is **THIS**

Saturday, October 29

Find the site closest to you

<https://www.dea.gov/takebackday#collection-locator>



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