

Benzodiazepines and methadone or buprenorphine

Information for patients

This information is intended for patients prescribed methadone or buprenorphine for opioid dependence.

Treating anxiety related problems with benzodiazepines

Benzodiazepines can give short term benefits in people suffering from significant anxiety. When benzodiazepines are given for this purpose, it is usually only for a matter of a few weeks while long term treatment with other medications and/or psychology takes effect.

They are also used for helping people withdraw from alcohol.

Benzodiazepines generally don't work for long term management of anxiety disorders. They can make it harder to learn new ways of dealing with anxiety and they can also cause rebound anxiety when they are stopped. When anxiety re-emerges when people cease their benzodiazepines, it is usually a sign of withdrawal.

Problems with using benzodiazepines

Benzodiazepines are often used by people who are opioid dependent. But combining benzodiazepines with opioids is hazardous, increasing the risk of **sedation** and **overdose**. This can result in death. About half of the deaths in Australia caused by opioids also involve a benzodiazepine. Combining benzodiazepines and opioids is risky even when these drugs are taken regularly. Some tolerance occurs, but overall risk remains higher.

There are also risks with taking benzodiazepines when **driving and operating machinery**. Benzodiazepines are found in about 4 per cent of people who die in motor vehicle accidents and 16 per cent of those who are injured. This risk is even greater when opioids, alcohol or other sedatives are also being used. Ninety-eight per cent of the drivers who had both a benzodiazepine and alcohol in their system were responsible for their collision in Australia. (normally only 50% would be at fault in a collision).

Some countries have adopted very restrictive drivers licence laws for using benzodiazepines or opioids.

There are many common side effects from benzodiazepines relevant to driving. These include slowed reaction times, the ability to keep a vehicle in the right place on the road, and learning ability. With long-term treatment people often experience dependence and withdrawal symptoms. These can make driving more risky as well.

Benzodiazepines are also associated with **falls** especially in older people, and are a possible risk factor for dementia.

Drug and Alcohol Services South Australia

Coming off benzodiazepines

When a person has regularly used benzodiazepines for more than a few weeks, withdrawal symptoms can occur if suddenly stopped.

Generally this is best managed by a slow reduction in the benzodiazepine dose over a period of weeks or months.

Speaking to your doctor about reducing the medication with a tapering plan before phasing it out will help.

Other approaches to anxiety management

Anxiety can increase because of benzodiazepine withdrawal, as well as reduced doses uncovering underlying anxiety.

Other ways of managing anxiety besides medication, include increasing physical activity, meditation and mindfulness exercises, progressive muscular relaxation, slow breathing exercises, and more formal psychological therapy.

Look on the Beyond Blue website for more information on self-management and more formal treatment.

For more information

Alcohol and Drug Information Service (ADIS)
**Confidential telephone counselling and
information 8:30am to 10pm every day**
Telephone: 1300 13 1340
www.sahealth.sa.gov.au/dassa

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