Management of benzodiazepine misuse summary and check-list

1	Ensure any plans for management of benzodiazepine misuse have been discussed with the recovery coordinator and form part of the client's care plan
2	Carefully assess the client's reason for using benzodiazepines (recreational, to augment the high or manage the come down from other drugs including alcohol, self-medication for mental health or other symptoms, dependent use)
3	Carefully assess dependence – history of use consistent with dependence, description of convincing withdrawal symptoms if doesn't use, consistently positive toxicology tests (if there is a recent negative test, and wasn't withdrawing when tested, the client is unlikely to be dependent), meet ICD dependence criteria. In some cases may ask client to abstain and see to assess withdrawal signs.
4	Ensure the client has had an appointment with the R+D nurse to plan preparation, detoxification and aftercare
5	Subsequent treatment plan may be supported dose reduction, supported dose reduction to a level where prescribing may start, or prescribing
6	Prescribing is not indicated if the risk/benefit analysis is not favourable. This is likely when: • motivation to achieve abstinence is not clear; • there are mental health problems or suicide risk; • there is ongoing other illicit use or alcohol use problems (prescribing only when these are resolved); • co-prescribing of other neuro-sedative drugs; • risk of diverted medication.
7	If prescribing: • Write to the GP, also asking for details of their benzo prescribing • Agree reduction plan, and get the client to sign the agreement form • Choose start dose lower than 30mg/d (and generally lower than self-reported use) • Prescribe diazepam only, daily pick ups on FP10MDA • Perform toxicology monthly (for benzo – stop prescribing if neg, and other illicit use – reconsider value of prescribing if shows illicit use)