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**PREVALENCE OF BENZODIAZEPINES PRESCRIPTIONS IN PATIENTS WHO ARE ALSO ON OPIATE SUBSTITUTE TREATMENT IN NORTHUMBERLAND ADDICTIONS SERVICES [NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST], ENGLAND**

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**INTRODUCTION**

Evidence for management of 'therapeutic dose' dependence is more extensive than for 'non-therapeutic' users and transferring the principles is affected by differing clinical picture, need to avoid abuse and diversion. There is evidence that long term prescribing causes harm and doses greater than diazepam 30 mg is rarely necessary.

**AIMS:**

To know the proportion of patients on combined Benzodiazepines and Opiate substitute prescriptions and review benzodiazepine reductions plans.

**STANDARD**

Drug Misuse and Dependence: UK Guidelines on Clinical Management 2007 and British Association of Psychopharmacologists guidelines.

**METHOD**

A Cross sectional study at Mid June 2013. List of patients were generated from database and the doses, duration, reduction plans and benzodiazepines commencement dates extracted. We evaluated methadone stabilisation and concomitant psychotropic prescription.

**RESULTS:**

The point prevalence is 8.4% and diazepam 'only' is prescribed in all except 10% who are combined with temazepam. More than 75% were commenced on 30mg dose or lower. 40% have been on diazepam script for more than 24 months and 1/2 of this have diagnosed co-morbid psychiatry illness while high proportion of remaining 1/2 await community psychiatrists input. This group also constitutes majority of patients with failed reductions plan.

**Lessons and Conclusions**

There is a high correlation between long term benzodiazepine prescription, unsuccessful reduction and co-morbid psychiatry diagnoses. There is a correlation between co-morbid psychiatry diagnoses and higher starting doses of diazepam. Patients commenced on diazepam within last 12 months of this study have reduction plans and high percentage commenced on a dose of 30mg or less.