

Benzodiazepine and Z drugs: a safer approach

With benzodiazepines, GPs often have to navigate between what a patient clinically requires and what the patient believes they need, writes Suzanne Creed

BENZODIAZEPINES AND Z DRUGS are prescribed for a variety of clinical indications, including treatment of insomnia, anxiety, addiction, agitation and neurological disorders. Although these drugs offer benefits to patients in acute situations, over-prescribing and long-term use are associated with multiple risks.

Risks associated with these drugs include misuse, dependency, diversion, driving impairment and morbidity and mortality related to overdose and withdrawal.¹ These risks are compounded when prescribed for elderly patients, as the central nervous system depressant effects of benzodiazepines are associated with cognitive deterioration, falls and fractures.^{1,2,3} Chronic benzodiazepine prescribing, defined as benzodiazepine-related medication dispensed for 12 months or more, is a serious issue among Irish patients aged 65 years and over.⁴

In 2021, Ireland had the second-highest rate of dispensed benzodiazepines or related drugs for 365 days or more, with 74.6 patients per 1,000 aged 65 and over, compared to the OECD average of 29.9 patients per 1,000 for 17 countries⁴

What does the Medical Council say?

The Medical Council Guide to Professional Conduct and Ethics (hereinafter referred to as the Ethics Guide) provides unambiguous guidance for doctors on the issue of benzodiazepine prescribing.⁵ Paragraph 35.3 states: “You must be aware of the dangers of drug dependency when prescribing benzodiazepines, opiates and other drugs with addictive potential. Unless you have appropriate training, qualifications, facilities and support, you should refer patients with drug dependencies to the appropriate drug treatment services.”⁵

The Ethics Guide also provides direction on the issues of treating patients with drug dependencies.⁴ Paragraph 34.4

advises: “You should safeguard patients with drug dependencies by liaising with drug treatment services, other doctors and pharmacists, to minimise the patient’s opportunities for obtaining drugs from multiple sources.”⁵

The subject of benzodiazepine prescribing has been a high priority for the Medical Council for many years. In 2020, Dr Rita Doyle, the then president of the Council, wrote to all doctors advising them to adhere to best practice guidelines and only to prescribe benzodiazepines, pregabalin and z-drugs if absolutely necessary.⁶

She also advised that: “any doctor whose level of prescribing is above the normal range, who is not working in an exceptional area of practice, and who does not make any effort to refer their patients to support or reduce their high prescribing levels, may require a formal investigation by the Medical Council.”⁶

More recently, in February 2025, the Medical Council published their report *Examining the overprescribing of Benzodiazepines, Z Drugs and Gabapentinoids in Ireland*.⁷

The report addresses the critical issue of overprescribing benzodiazepines, z-drugs, and gabapentinoids in Ireland, highlighting significant patient safety concerns and public health implications. The report emphasises the need for better prescribing practices, increased public awareness, and enhanced support services to mitigate these risks.

The document outlines several recommendations to address these issues, including improved service delivery through increased resourcing of counselling and addiction services, and better education for healthcare providers and the public about the risks associated with these medications. It also calls for greater transparency in prescribing practices, suggesting the establishment of a central repository for all prescriptions, including private prescriptions, to provide a

complete picture of prescribing trends.

Additionally, the report recommends considering the reclassification of pregabalin and gabapentin as controlled drugs to add safeguards against misuse. An implementation group is proposed to oversee the execution of these recommendations, ensuring stakeholder involvement across the healthcare system.

Challenges for GPs

GPs often have to navigate difficult discussions between what a patient clinically requires and what the patient believes they need. This can sometimes lead to tension in the doctor-patient relationship, in particular when the GP is not willing to prescribe these addictive medications.

Further challenges arise with a lack of access to alternative non-pharmacological treatments, such as counselling, for which it may take several weeks or months to get an appointment, by which time the patient's condition is worsening.

In many instances, colleagues in secondary care initiate these medications, and the GP is then faced with the difficult task of managing requests for repeat prescriptions and efforts to deprescribe.

Here are some practical tips to reduce your medicolegal risk with benzodiazepines and Z drugs:

- **Patient assessment:** Undertake a thorough patient assessment to identify and address underlying causes/diagnosis and develop a management plan. Review the patient's overall health, comorbidities and potential for substance misuse
- **Medical and family history:** Consider factors such as family history of substance abuse, history of dependence on other substances, personality traits and age. Older adults are particularly vulnerable to adverse effects and dependence. Where there is a tendency to misuse drugs or alcohol or a history of the same, a referral to a specialist addiction service should be considered
- **Non-pharmacological treatments:** Consider if non-pharmacological treatments would be more appropriate
- **Prescribing:** If you decide to prescribe, prescribe the lowest effective dose for the shortest duration possible. Dependence on benzodiazepines is recognised as a significant risk in patients receiving treatment for longer than one month ¹
- **Shared decision-making:** Involve the patient in the decision-making process, ensuring they understand the risks, benefits, and side effects of treatment options. Provide clear information about the potential for dependence, withdrawal symptoms, and interactions with other medications. Set realistic expectations and discuss alternative coping strategies. Where concerns about compliance arise, daily or weekly dispensing might be an option
- **Engage your local pharmacist:** Another excellent way of reinforcing your message about these risks is to involve your local pharmacist. By entering a footnote at the end of your prescription addressed to the pharmacist, they are then obliged to discuss this advice with the patient (see box, top right).

The following is an example:

- *Document all prescribing decisions:* Maintain detailed


Dear Pharmacist,

Please advise the patient that benzodiazepines are addictive and cause habituation. Please encourage the patient at every contact to taper off and discontinue this medication.

records of the indications for prescribing, including the dose duration of treatment, and details of the conversation with the patient

- **Utilise available resources:** Keep up to date with current relevant resources and best practice guidelines. The Medicines Management Programme Guidance on the appropriate prescribing of benzodiazepines and z-drugs provides detailed guidance to support appropriate prescribing and management of withdrawal of patients from these medicines.¹ The Irish College of GPs also has an excellent Quick Reference Guide on *Deprescribing in General Practice*, which explicitly addresses the deprescribing of benzodiazepines.⁸ Any deprescribing attempts should be clearly documented in the patient's medical record
- **Consider referral to a specialist service:** If appropriate, refer the patient for a specialist opinion for further assessment and management, particularly if there are concerns about substance misuse or complex psychiatric conditions
- **Legislation and guidelines:** Adhere to all relevant legislation and guidelines regarding the prescribing and dispensing of controlled drugs.⁹

Conclusion

Benzodiazepines and Z drugs are effective in treating many clinical conditions. However, inappropriate prescribing and overprescribing have profound implications for patient safety and public health. Following best practice guidelines can significantly reduce the risks associated with these medications while providing effective and safe patient care. It can also reduce the risk of a complaint or a claim against the prescriber. Responsible prescribing is a win for patients and prescribers. 

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