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## **Benzodiazepines: Our Other Prescription Drug Problem**

The percentage of outpatient medical visits that led to a benzodiazepine prescription doubled between 2003 and 2015 according to a study published in the JAMA Network Open. Half those prescriptions came from primary care physicians.

Benzodiazepines include the commonly-prescribed medications Valium, Ativan, Xanax, and Klonopin. While benzodiazepines are mainly prescribed for anxiety, insomnia, and seizures, the study found the biggest rise in prescriptions was for back pain and other types of chronic pain.

The study also found increased co-prescribing of benzodiazepines with opioids. In 2016, the U.S. Food and Drug Administration warned doctors about the dangers of prescribing opioids and anxiety medications. Using these two classes of medications together is dangerous because both slow down the central nervous system and could lead to respiratory failure and overdose death. In Massachusetts, between 2014 and 2018, toxicology reports showed that benzodiazepines were involved in 40 percent of fatal opioid overdose deaths.

Benzodiazepines are best used short-term. Long-term use of the drugs can cause physical dependence, addiction, and death from overdose. The JAMA study found long-term use of these drugs has risen, and that between 2003 and 2015, refill prescriptions increased by 50 percent. According to a recent report by the Centers for Disease Control and Prevention, the overdose mortality rate involving benzodiazepines for women between the ages of 30 and 64 has increased by 830 percent between 1996 and 2017.

Benzodiazepines appear to be our other prescription drug problem. While the focus on opioids continues to be necessary, let's make sure benzodiazepines don't fly under the radar.

***"Patients seeking [nonpharmaceutical] pain treatment options often find insurers won't pay or unaffordable co-pays."***

## **Health Plans Don't Want Patients on Opioids What Are They Doing for Pain?**

The national effort to curb the opioid crisis faces another big potential obstacle—insurers who won't pay for non-pharmacological ways to control patient pain. Patients seeking other pain treatment options often find insurers won't pay or unaffordable co-pays.

Federal prescribing guidelines, new state limits, and greater awareness about the dangers of opioids have helped to spur a 22 percent reduction in painkiller prescriptions between 2013 and 2017. However, surges in much more powerful synthetic opioids like fentanyl have fueled an increase in overdose deaths during the same time. Doctors and other health care providers are being urged to use alternatives to opioids and limit use of the painkillers whenever possible.

Clearly, opioids have been overprescribed. In 2017, a Johns Hopkins review of six studies found that over two-thirds of patients reported having unused opioid medication and that 90 percent did not dispose of the medication properly.

That still leaves the crucial question of how to treat an estimated fifty million Americans living with chronic pain. Other treatment options for pain reduction besides opioids exist such as physical therapy, acupuncture, massage therapy, cognitive therapy, and biofeedback.

In a study analyzing forty-five Medicare, Medicaid, and private insurance plans in 2017, researchers found insurers rarely covered some potentially helpful non-opioid treatments for individuals suffering from lower back pain. While most covered physical therapy, coverage varied dramatically with some plans paying only for a few sessions.

The opioid legislation Congress passed in the fall of 2018 directed the U.S. Department of Health and Human Services to review its payment policies to ensure they are not encouraging doctors to prescribe opioids over less-risky options. Some insurers have started to waive fees to encourage patients to seek other treatment options for chronic pain. For example, Allways Health Partners, formerly Neighborhood Health Plan, in Massachusetts now offers coverage options with no out-of-pocket costs for treatments such as acupuncture, physical therapy, and chiropractic care.



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