Benzodiazepine Use Among Patients in a Methadone Treatment For Opioid Dependence: Findings of a Cross-sectional Study

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INTRODUCTION

Portugal has one of the highest rates of benzodiazepine’s (BZD) consumption in Europe¹⁻⁵. Although the combination of methadone with BZD is generally not recommended, the prevalence use of BZD in methadone-treated patients is still high (46.5-51.5%) ⁶⁻⁸. In the substitution programs with opioid agonists, it is found that BZD users have poor adherence and response to substitution treatment, leading to a worse psychosocial and rehabilitative prognosis ⁹.

OBJECTIVES

This study aims to characterize the prevalence and patterning of BZD consumption in a methadone treatment programme.

METHODS

We conducted a cross-sectional study involving 171 patients treated with methadone in the Agualva-Cacém Drug Addiction Treatment Unit. A descriptive analysis was made of the BZD use characteristics.

RESULTS

- The prevalence of BZD consumption was **24.6% (n=42)** but **70.2%** (n=120) had a history of lifelong BZD regular use;
- Among the BZD users, **85.7%** had a regular use (>3days/week), and **81%** took one BZD type.
- The most prescribed BZD was Diazepam (**25.9%**).
- The BZD were obtained with a medical prescription (**47.6%**) or on the black market (**44.2%**). The main reasons for BZD intake were the hypnotic (**27.0%**) and anxiolytic (**24.7%**) effects.
- Although almost **2/3** of the BZD users considers themselves as having a BZD dependency, **61.9%** of those patients had a high level of motivation to stop the BZD intake.
- The prevalence of BZD consumption at the programme admission was 49.7 % (n=85).** Of these, **50.6 % stopped, 32.9 % diminished the BZD use, 10.6% maintained the BZD dose and only 5.9% increased the dose.**

Benzodiazepine Use Pattern		n (%)
Current Prevalence of BZD consumption	42 (24.6%)	
Regular consumption (> 3 times/week)	36 (85.7%)	
Consumption of only one BZD type	34 (81.0%)	
Most Prescribed BZD*	Diazepam	14 (25.9%)
Principal BZD obtaining ways *	Medical prescription	70 (47.6%)
	Black market	65 (44.2%)
Main reasons for BZD intake *	Hypnotic effects	47 (27.0%)
	Anxiolytic effects	43 (24.7%)
Subjective perspective about BZD dependence (applied to the current users: n=42)	26 (61.9%)	
Motivation to stop the BZD intake (applied to the current users: n=42)	High level of motivation “want to stop”; “want to try and probably succeed”	26 (61.9%)
	Low level of motivation “don’t want to stop”; “could try to stop but probably fail”	16 (38.1%)

*Could select more than one option.

Table 1. Current Benzodiazepine Use Pattern

CONCLUSION

These study findings, and as explained by the international literature, show that BZD intake seems to be related with worst clinical and psychiatric outcomes. Our results showed that being supported by a methadone programme, and adequately treated, reduce the BZD intake in half of the cases.

REFERENCES :

1. International Narcotics Control Board: Psychotropic Substances 2017 -Statistics for 2016. Assessments of Annual Medical and Scientific Requirements. United Nations; 2. Furtado, C.; Teixeira, I. -Evolução da Utilização das Benzodiazepinas em Portugal Continental entre 1999 e 2003. INFARMED, IP, 2005.; 3. International Narcotics Control Board -Report of the International Narcotics Control Board for 2015. Vienna: INCB, 2016.; 4. OECD. OECD Health Data: Pharmaceutical market, 2017. DOI: 10.1787/data-00545-en; 5. Benzodiazepinas e análogos: Utilização, Tipo de Instituição, ARS. Direção de Informação e Planeamento Estratégico. Versão 1.2, 2017.; 6. Abrahamsson T, Berge J, Ojehagen A, Håkansson A. Benzodiazepine, z-drug and pregabalin prescriptions and mortality among patients in opioid maintenance treatment—a nation-wide register-based open cohort study. Drug Alcohol Depend. 2017; 174:58-64. doi:10.1016/j.drugalcdep.2017.01.013.; 7. Zhu Y, Coyle DT, Mohamoud M, Zhou E, Eworuke E, Dormitzer C, et al. Concomitant use of buprenorphine for medication-assisted treatment of opioid use disorder and benzodiazepines: using the Prescription Behavior Surveillance System. Drug Alcohol Depend. 2018; 187:221-6. doi:10.1016/j.drugalcdep.2018.; 8. Marzo JN, Rotily M, Meroueh F, Varastet M, Hunault C, Obradovic I, et al. Maintenance therapy and 3-year outcome of opioid-dependent prisoners: a prospective study in France (2003–2006). Addiction, 2009; 104: 1233–40.; 9. Perspectives on Drugs: The misuse of benzodiazepines among high-risk opioid users in Europe. European Monitoring Centre for Drugs and Drug Addiction. Updated 14.11.2018