The Alliance for Benzodiazepine Best Practices
3221 NE 30th Ave, Portland, Oregon 97212
benzoreform.org

Emily Brunner, MD, ASAM
Clinical Guideline Committee

RE: Public comment on ASAM Clinical Practice Guideline on Benzodiazepine Tapering

Dear Dr. Brunner et al,

The Alliance for Benzodiazepine Best Practices and its affiliates have completed their review of the draft ASAM Clinical Practice Guideline on Benzodiazepine Tapering. Thank you for providing access to the Word version of the document. It would have been impossible for us to provide meaningful commentary without it. We were pleased to see that the guideline draft has considered most of the relevant areas of concern, and that some of the patient panel recommendations were included in the draft document. The review of our BZD expert medical team, many of whom have published on BZDs, focused on where the proposed guidelines or their supporting analysis differed from some of the existing evidence and the team's accumulated clinical expertise.

Given the time constraints of the review and that we have all volunteered our limited time for this project, you may find that there is some dissonance between individual comments. While extensive, the comments are delivered with the intention of improving the patients' experience and outcomes without overly burdening the clinician.

Since our mark-ups are voluminous, we feel that it is expedient to provide you with a ranked list of our most urgent concerns with the document. These concerns often span several topics and pages of the guideline, and details and references can be found in the marked-up document.

1) The 5-25% starting taper rate is too broad to be meaningful and allows for a taper starting at 25% (the likely default for the expeditious clinician) which will harm some patients. To minimize patient harm, it should be limited to 5%-10% initially and can be adjusted up or down depending on patient response.
2) Reductions should not each be the same amount but should decrease with each subsequent cut. There are published guidelines for this, but this topic is not addressed in the guideline draft.
3) Shared decision making requires full informed consent, including the risks and benefits of both continuing to use as well as discontinuing benzodiazepines. This is inadequately addressed in the guideline.
4) Inpatient tapers are too heavily recommended. They should only be recommended in cases when a patient has previously failed or is currently

unable to safely and consistently engage in an outpatient taper. Inpatient facilities typically taper patients off benzodiazepines far too quickly.

5) The description of tapering strategies is insufficient to provide meaningful guidance to clinicians. It needs more detail, especially when safe pill cutting is no longer sufficiently slow to balance the need to maintain patient functionality with the need to complete the taper.
6) "Long-term" needs to be defined as ">2-4 weeks" and used consistently.
7) Z-drugs cannot be ignored by this guideline, since they have the same mechanism of action as BZDs.
8) A significant portion of >4 week users will continue to have BZD withdrawal symptoms for months to years post-taper, as outlined by the FDA. This needs to be addressed in the guideline.
9) Recommending that older adults taper off BZDs is over-emphasized. There should be a discussion of evaluating the risks and benefits of continued use versus tapering.
10) The existing peer support system for BZD withdrawal and its sequelae is wholly inadequate for the demand that this guideline will generate.

We are providing you with two versions of the marked-up guideline Word file. "Key issues" contains the markups relevant to the priority list of concerns above plus a few other comments. "Complete" provides a thorough review of the document and contains much more analysis and references, plus readability and organizational feedback, some of which is based on our experience with reviewing the opioid guideline drafts.

We hope that we can work together during this final phase of the contract to yield an evidence-based product that our team of benzodiazepine experts and the leaders of the benzodiazepine affected community will be able to endorse. The current document should not be published without addressing the major topics listed above, as well as correcting the substantial omissions and misconceptions in other areas of the document, as noted in our marked-up files.

Sincerely,

Bernard Silvernail, President, Alliance for Benzodiazepine Best Practices
Akhil Anand, MD, addiction psychiatry, Assistant Professor, Department of Psychiatry at Cleveland Clinic
Christopher Blazes, MD, addiction psychiatry, Associate Professor, Department of Psychiatry at OHSU
Cosigner list continues on the next page…

Olivera Bogunovic, MD, Medical Director of Ambulatory Services, Associate Program Director Partners Addiction Psychiatry Fellowship, Assistant Professor of Psychiatry, Harvard Medical School; Division of Alcohol, Drugs, and Addiction, McLean Hospital

Michael E. Bohan, M.D. FASAM Associate Professor Internal Medicine, Eastern Virginia School of Medicine

Jaden Brandt, BScPharm, MSc, clinical teacher at University of Manitoba's College of Pharmacy

Jolene Bressi, PharmD, PMP, St. Johns Fisher University

Cathal Cadogan, BSC. (PHARM), PHD, MPSI, Associate Professor at the School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, University of Dublin, Ireland

J. Reid Finlayson, MD, addiction psychiatry, Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center

Jeffrey Gold, PharmD, BCPP, Mental Health Clinical Pharmacy Practitioner with the Department of Veterans Affairs (VA), Senior Instructor with the University of Colorado School of Medicine Department of Psychiatry

Mark Horowitz, MD PhD, trainee psychiatrist and Visiting Lecturer in Psychopharmacology, King's College London

Darrin Mangiacarne, DO, MPH, DFASAM, FAOAAMPeter R. Martin, MD, addiction psychiatry, Professor, Department of Psychiatry and Behavioral Sciences and Department of Pharmacology, Vanderbilt University School of Medicine

Valsa Medhava, MD, MPH, addiction medicine, Visiting Attending, Mount Sinai Hospital, New York, Attending, St Johns Riverside Hospital, Yonkers, NY

Lori Mor PharmD, BCPS

Jezel Rosa, APRN, PMHNP-BC

Alexis Ritvo, MD, MPH, addiction psychiatry, Assistant Professor, Department of Psychiatry, University of Colorado School of Medicine; Medical Director, Alliance for Benzodiazepine Best Practices

John C. Umhau MD MPH CPE FASAM

Steven Wright, MD, addiction medicine, retired