



Recommendations from the BENZOCARE project

Main findings

Long-term use of BZRA is a so-called wicked problem. It begins with the hidden contrast between the initial efficacy of the medication, which soon turns, almost unnoticed, into side effects that mirror the initial symptoms for which the medication was prescribed. As reflected in patients' medication histories, these symptoms of insomnia and anxiety are generally just the figurative tip of an iceberg of underlying problems that are often more systemic and therefore beyond the reach of individual practitioners and prescribers. As a result, however, the latter often feel compelled to prescribe (albeit to varying degrees). This explains the continuing role of BZRA in clinical practice. On the other hand, deprescribing, poses a whole new set of challenges for patients who face physical, mental and practical difficulties along the way. Professionals, in turn, often struggle to diagnose dependence, motivate patients and provide adequate follow-up. Our analysis of the accessibility of care, further describes the various possible hurdles that patients and providers often have to overcome at multiple levels (intrapersonal, interpersonal, and organisational) before they are able to achieve actual goal-directed care in deprescribing.

Recommendations

The recommendations that we developed from these findings are therefore necessarily complex, nuanced, and multilevel. They range from preventing the first prescription (primary), over preventing a potential first prescription from developing into long-term use (secondary), to tackling actual habitual use (tertiary prevention). We used a policy Delphi study to explore the opinions of a wide range of experts (n=111) with either lived experience, professional expertise or both. This panel assessed 27 policy recommendations in terms of their feasibility, support, importance and the conditions needed to implement them. Although the specific policy Delphi design allowed for agreement and disagreement on specific issues to be highlighted, most recommendations eventually stood out for their high level of consensus on all these aspects. The few recommendations that gained little support, were either more restrictive towards prescribers (i.e. an ombudsperson to report overprescribing) or towards patients (i.e. increasing the price per package).

Pathways towards implementation

In what follows, we provide an overview of the recommendations, organised per tier of prevention, and indicating which stakeholders can take on the responsibility to address the further implementation of the recommendations and how.

The recommendations are divided in three tiers of prevention: 1) preventing the first prescription, 2) preventing a first prescription from developing into long-term use, and 3) addressing long-term use and dependence. Within each tier, we have further clustered the recommendations, per topic and target group.

The numbers in the first column correspond to the original numbers of the recommendations as they are summarized in the full Policy Delphi report.

RECOMMENDATION		POSSIBLE PARTNERS TO IMPLEMENT THE RECOMMENDATION	TARGET AUDIENCE OF THE RECOMMENDATION
Primary prevention: before first use <i>A set of recommendations to raise awareness on the risks and challenges of tapering-off (either BZRA alone or in combination with other medications), directed towards the general public, patients and health care providers</i>			
1*	Implementing an awareness raising campaign among the general public on tapering off BZRA	Federal: Federal Public Service (FPS) Health, Food Chain Safety and Environment, Federal Agency for Medicines and Health Products (FAMHP) (FarmalInfo) Flanders: Departement Zorg, Vlaams expertisecentrum Alcohol en andere Drugs (VAD) (vad.be and druglijn.be) Wallonia: Agence pour une Vie de Qualité (AVIQ), Fedito (Fédération wallonne/bruxelloise des institutions pour toxicomanes)	General public
4 *	Implementing an awareness raising campaign of the risks of BZRA in empathetic and non-stigmatising way (while promoting a non-medical approach of anxiety and sleeping problems)	Should be an addition to all of the above, FPS, FAMPH	General public
5	Adding warnings of the risk of dependence on the BZRA package	For reasons of uniformity, this should be regulated at European level	Patients
Secondary prevention: prevent first prescription to evolve into chronic use <i>A set of recommendations that are directed at the first prescription, to limit both the dose and time of prescribing.</i>			

9	Provide information by the prescriber and provider to the patient regarding the risks of dependency of BZRA at first use	Federal: FPS can raise awareness on this topic Regional: Domus Medica, Fédération des Associations de Médecins Généralistes de la région Wallonne (FAGW) The educational programs for general practitioners - and pharmacists in training should also include this	Health care professionals
12	Allow the carer to dispense one or two doses of BZRA at the same time to provide correct (minimal) dose	Federal: FAMHP-Algemeen Pharmaceutische Bond/ Association Pharmaceutique Belge (APB) FSP can raise awareness on this topic The educational programs for general practitioners in training should also include this. Delivery by unit of BZRA to provide the correct (minimal) dose and the necessary practical and legislative adaptations for implementation are currently being investigated in a joint project, coordinated by the FAMHP, the National Institute for Health and Disability Insurance (NIHDI) and the FPS.	Health care professionals
11	Give access to other BZRA prescribers/providers to the part of the medical file (including medical history) related to prescriptions (upon consent of the patient). Currently, a doctor other than the prescriber will only see the prescription until the prescribed medication is dispensed, an extension of this modality would allow to have a full overview, also for other health care professionals	Federal: NIHDI (through VIDIS) Regional: Réseau Santé Wallon	Health care professionals
8	Create smaller packages of BZRA	The FAMHP cannot oblige marketing authorisation holders to commercialise small pack sizes. Suitable packaging sizes are being proposed and accepted during the authorisation process, but the marketing authorisation holder decides which pack size(s) will be commercialised and which not.	Pharmaceutical companies

		Alternatively guidelines on maximum dosage can be adjusted (farmacovigilantie) the guideline is based on the maximum daily dose and duration of the treatment per indication, in the supplementary protection certificates (SPC)	
6	Undertake further research on the mechanisms surrounding the first prescription of BZRA <i>(to gain a better understanding of the specific aspects policy measures could target)</i>	Federal: BELSPO, King Baudouin Foundation (KBF), Belgian Health Care Knowledge Centre (KCE) Regional: Fonds Wetenschappelijk Onderzoek (FWO), Fund for Scientific Research-(FNRS) Other funding agencies	Academia - policy makers
<p style="text-align: center;">Tertiary prevention: address chronic use</p> <p><i>A set of recommendations that focus on myriad aspects of supporting patients who (plan to) taper-off</i></p>			
2 *	Implementing an awareness raising campaign for patients on the challenges of withdrawing from multiple medications	Federal: FPS as well as the FAMHP, may contribute to the distribution of such campaigns. Flanders: VAD- Gezond Leven Wallonia: AVIQ, Ligue des usagers des services de santé (LUSS)	Patients
3	Implementing an awareness raising campaign for professionals on the challenges of withdrawing from multiple medications	Federal: FPS gebruikvanpsychofarmaca.be Belgisch Centrum voor Farmacotherapeutische Informatie/ Centre Belge d'Information Pharmacothérapeutique (BCFI/CBIP) (article, e-learning...) FAMHP (VIG-news, Flash VIG-news)	Health care professionals
13	Encourage prescribers to add the indication for substance use disorders next to insomnia/anxiety to patient records when use exceeds guidelines	Regional : Orde der artsen, Ordre des médecins Share this information at local professional meetings of general practitioners and pharmacists Lokale Kwaliteitsgroep (LOK), Medisch-Farmaceutisch Overleg (MFO), Groupe Local d'évaluation médicale (GLEM), Concertations Médico -Pharmaceutiques (CMP)	Health care professionals

14	Establish an agreement between the prescriber, the pharmacist and the patient to keep the same prescriber and pharmacist throughout treatment.	Regional: Orde der artsen, Orde der apothekers, Ordre des médecins, Ordre des pharmaciens Lokale Kwaliteitsgroep (LOK), Medisch-Farmaceutisch Overleg (MFO) Groupe Local d'évaluation médicale (GLEM), Concertations Médico Pharmaceutiques (CMP) funded by NIHDI	Health care professionals
16	Create an inter-professional communication channel at local level , between pharmacists and GPs to discuss common patients	Federal: the potential role of pharmacists as initiators of communication with prescribers (cfr. Goed Gebruik van Geneesmiddelen (GGG)/Bon usage des médicaments (BUM)), could be further explored by APB- Vereniging van coöperatieve vennootschappen van farmaceutische groothandelaars en apotheken /Office belge des sociétés coopératives de grossistes pharmaceutiques et de pharmacies (Ophaco). Regional: Eerstelijnszones, Zones du Première Ligne- MFO/CMP	Health care professionals
17	Implement a training course on difficult tapering-off processes related to BZRA for professionals.	Federal: NIHDI, FPS in collaboration with Domus Medica/SSMG and other professional organisations New e-learning via CBIP/BCFI La Société Scientifique des Pharmaciens Francophones (SSFP)- Instituut voor Permanente Studie voor Apothekers (IPSA vzw)	Health care professionals
18	Establish and provide a list of healthcare providers specialised in tapering off of BZRA.	Federal: NIHDI Regional: LOK/GLEM - MFO/CMP Eerstelijnszones, Zones du Première Ligne	Patients and health care providers
19	Establish a support and advice line for people who want to taper off of BZRA.	Regional: GGZ- Herstelacademie?	Patients
20	Develop a ' Benzo-buddy ' (peer support) system.	Regional: Herstelacademie, in partnership with LUSS and het Vlaams Patiëntenplatform	Patients
21	Share patient testimonials about BZRA tapering off.	Concretely the podcast can be used for this, so all partners who can help to spread it FAGG Flash newsletter FOD gebruikvanpsychofarmaka.be	Patients and health care providers

		Further dissemination of the BENZOCARE podcast by all project partners	
22	Develop culturally appropriate patient materials .	Future research (can new calls by BELSPO, KBS focus on this?) Info santé / Gezondheid en wetenschap	Patients
24	Extend the patient inclusion criteria of the new reimbursement scheme for the compounding of smaller doses of BZRA to residents living in nursing homes .	NIHDI	Patients
25	Extend the patient inclusion criteria of the new reimbursement scheme for the compounding of smaller doses of BZRA to patients who are taking more than one type of BZRA .	NIHDI	Patients
26	Offer group therapy to ambulant patients to support the tapering off process.	VAD** - Fedito Bxl- Fedito Wallonne	Patients
27	Tailor residential addiction care programmes , specifically to BZRA withdrawal.	VAD forum verslavingszorg (difficult- no priority due to nature of tapering process and current organisational structures of addiction care) VAD - Fedito (Bxl- Wallonne)	Health care professionals in addiction care
15	Creating a shared policy position between different professionals groups in addiction care concerning the management of BZRA.	VAD*** forum verslavingszorg Fedito (Bxl- Wallonne)	Health care professionals (addiction care)
Recommendations that were not widely supported and no priority			
7	Increase the price per BZRA package.		
10	Provide higher remuneration for prescribers for long follow up consultations dedicated to BZRA.		
23	Create an ombudsperson for healthcare practitioners to report other practitioners who over-prescribe, prescribe or delivered unsafely BZRA.		

Notes:

*These recommendations could eventually be implemented together for cost containment. However, we present them here separately, as this is how they were initially developed and assessed by the Delphi Panel.

**VAD is a membership organisation, not an employer, so they cannot develop and implement a programme themselves. However, they can disseminate the recommendations of the survey to their members. Members can further consider to what extent they wish to elaborate an outpatient or residential offer / whether this is feasible (staff, financial resources, ...).

*** VAD will check with physicians present at the Forum on Addiction Medicine to what extent there is interest among them to develop a common framework/guidelines in collaboration with the physicians. VAD can help facilitate that process. Implementation will then take place at the level of the organisations themselves.

Read more

Ceuterick, M., Van Ngoc, P., Bracke, P., & Scholtes, B. (2023). From prescribing dilemma to knowledge in practice: The ontological politics of benzodiazepines and Z-drugs. *Social Science & Medicine*, 339, 116358.

Van Ngoc, P., Ceuterick, M., Belche, J. L., & Scholtes, B. (2024). Professionals' treatment goals for long-term benzodiazepine and Z-drugs management: a qualitative study. *BJGP open*, 8(1).

Van Ngoc, P., Ceuterick, M., Belche, J. L., & Scholtes, B. (2024). 'I haven't discussed anything with anyone': lived experience of long-term users of benzodiazepine receptor agonists regarding their treatment for substance use disorder. *International Journal of Qualitative Studies on Health and Well-being*, 19(1), 2424013.

Van Ngoc, P., Scholtes, B., Anciaux, M., Desmecht, L., Pais, D., Degroote, P., Bracke, P., Belche, J-L., Ceuterick, M. (2024) The BENZOCARE Study Policy Delphi Report. Brussels : Belgian Science Policy Office 2024 – 67 p. (Federal Research Programme on Drugs).

Ceuterick, M., Van Ngoc, P., Belche, J.L., Bracke, P., Scholtes, B. BENZOCARE. Final Report. Brussels : Belgian Science Policy Office 2024 – 109 p. (Federal Research Programme on Drugs)



To listen to our podcast: <https://urls.fr/JQJiL1>

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