SAMHSA
Substance Abuse and Mental Health Services Administration
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June 5, 2025

Dear Colleague:

The Department of Health and Human Services (HHS) seeks to promote evidence-based practices that improve mental health. In this letter, HHS offers guidance to providers regarding the long-term use of benzodiazepines (BZD) in the treatment of older adults. It is an important public health goal to reduce the chronic use of BZDs by older adults, as clinically appropriate. Older adults who take BZDs are at greater risk of adverse events than younger patients, including falls and hip fractures, motor vehicle collisions, delirium and cognitive impairment, and drug interactions.[i, ii, iii, iv, v] For this reason, the American Geriatrics Society (AGS) strongly recommends avoiding prescribing BZDs to older adults, except under certain circumstances.[vi] HHS endorses this recommendation; however, for patients already taking BZDs, reductions in dosages and discontinuation can result in serious complications. Therefore, each patient and their clinical team should engage in shared decision making regarding whether, and how to taper BZDs, considering the risks and benefits of the medications to their circumstances.

The challenge of BZDs in older adults

BZDs are most often prescribed to treat insomnia and anxiety disorders. Although the AGS identified BZDs as potentially inappropriate medications for older adults more than a decade ago,[vi] 5.7 million Americans age 65 or older (about 10 percent) used BZDs in 2023.[vii] It is estimated that about 25 to 30 percent of older Americans take BZDs longer than recommended.[viii] Alternative treatments for older adults with insomnia include behavioral treatments such as sleep hygiene education and cognitive behavioral therapy for insomnia. Alternative treatments for anxiety disorders include cognitive behavioral therapy or medications such as selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors.[ixx]

Patients can experience a withdrawal syndrome if they have been taking BZDs regularly and then stop suddenly, and that withdrawal can lead to flu-like symptoms, gastrointestinal distress, sleep disturbance, tingling/numbness, tremor, and even seizure in severe cases. Therefore, BZDs should not be discontinued abruptly if patients have been taking them for more than a month; they must be tapered gradually with guidance from a provider.[xi] On an individual level, clinicians and patients need to engage in shared decision-making regarding continuation or tapering of BZDs, which should consider the following elements:

(a) Risks of tapering, including withdrawal symptoms or return of anxiety or insomnia symptoms;
(b) Risks of continuation of BZDs, including falls, motor vehicle accidents, cognitive dysfunction, and the potential for overdose when combined with other substances;
(c) The risks and benefits of alternative treatments; and

(d) The patient's goals, values and preferences.

On a population level, HHS seeks to "balance downward pressure on utilization with positive recognition for implementing patient-centered, safe, clinical practices," as recommended by the National Committee for Quality Assurance (NCQA).[xii] HHS wishes to provide tools, beginning with this *Dear Colleague* letter, so that older adults and their providers can participate in shared decision-making about their behavioral health.

Health system efforts to decrease BZD use in older adults

Health systems have used a variety of mechanisms to encourage providers to avoid initiating BZDs for older adults and to encourage tapering BZDs for those who have been taking them long-term. Professional societies and payors have issued guidelines and related provider education, such as the *Clinical Practice Guideline on Benzodiazepine Tapering* released by the American Society for Addiction Medicine (ASAM) in 2025, which recommends that clinicians "taper BZD in most older adults unless there are compelling reasons for continuation." In 2022, the Healthcare Effectiveness Data and Information Set added a metric for deprescribing BZDs in older adults that was developed by NCQA.[xiii] Health system changes over the last decade have also tried to ensure that providers who prescribe controlled substances are doing so after careful deliberation, including the integration of clinical decision support tools into electronic medical records,[xiv] widespread prescription drug monitoring program utilization, and insurance changes, such as prior authorization requirements.[xv]

Person-centered care

HHS is cognizant of the public reception of the Centers for Disease Control and Prevention's (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain in 2016. Initially, some clinicians and policymakers interpreted recommendations regarding opioid prescribing without considering one of the guideline's central tenets: "that the recommendations are voluntary and intended to be flexible to support, not supplant, individualized, patient-centered care." This led to subsequent clarification and publication of guidance on tapering. The updated CDC Clinical Practice Guideline for Prescribing Opioids for Pain in 2022 included more detailed information on opioid tapering and emphasized the need for patient-centered implementation of the recommendations.[xvi] HHS is concerned that recommendations to taper BZDs may be similarly misinterpreted, potentially leading to providers and patients feeling pressured to taper even when there are compelling reasons for continuation.

ASAM's *Clinical Practice Guideline on Benzodiazepine Tapering* recommends tapering BZDs for older adults whenever possible. It also emphasizes that decisions "regarding continued [BZD] use versus tapering should be based on an ongoing assessment of risks and benefits" for each patient. In addition, "BZD tapering should always be considered in collaboration with the patient utilizing shared decision-making strategies." Effective shared decision-making takes time and requires a trusting relationship between the clinical team, the patient, and their family or caregivers. The *Clinical Practice Guideline* accurately describes how "[c]linicians may feel uncomfortable starting these conversations due to the perceived sensitivity and difficulty of the topic. Yet, ironically, many patients indicate they would be open to considering tapering BZDs

if their physician discussed it with them. A key step to bridging this gap in understanding is increased communication and education."

HHS recognizes that primary care visits have many clinical concerns competing for the attention of the patient and the clinician. While medications should be reviewed at all encounters with providers, certain visits represent opportunities for reassessing high-risk medications. These include Medicare annual wellness visits, encounters to refill a BZD prescription, visits with concerns for adverse medication effects (including falls, dizziness, or drowsiness), visits for evaluation of cognitive impairment, or transitional care management encounters following hospitalizations or emergency department visits. HHS concurs with the ASAM *Clinical Practice Guideline* that the risks and benefits of BZDs should be reassessed at least every 3 months.

HHS would like to highlight the following resources to support older adults, their families and caregivers, and their providers in approaching this important topic.

Source	For Clinicians	For Patients
ASAM	*Clinical Practice Guideline on Benzodiazepine Tapering*	Resources for patients
CDC	CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. Recommendation 11 discusses risks of concurrent prescribing of BZDs and opioids and considerations for decisions about tapering these medications.	Prescription Opioid and Benzodiazepine Medications and Occupational Safety and Health
Canadian Deprescribing Network	Video: deprescribing sedative/hypnotics	EMPOWER Brochure
Veterans Affairs	Re-evaluating the Use of Benzodiazepines: A VA Clinician's Guide. Re-evaluating the Use of Benzodiazepines: A Focus on High-risk Populations • pages 9-13 focus on older adults	Benzodiazepines & PTSD: Do you know about this risky combination? PTSD Treatment Decision Aid Slowly Stopping Benzodiazepines

	Provider Guide for discussing benzodiazepine risks with patients	
Other Resources	Agency for Healthcare Research and Quality website on Shared Decision Making Clinical Practice Guidelines: • American Academy of Sleep Medicine: Behavioral and psychological treatments for chronic insomnia disorder in adults Journal Articles: • Therapeutic dilemmas with benzodiazepines and Z-drugs: insomnia and anxiety disorders versus increased fall risk: a clinical review • Alternative Medications for Medications Included in the Use of High-Risk Medications in the Elderly.	Video: Faye's Story from Sleepwell Oregon Health Authority: Patient Guide to Benzodiazepines Health in Aging Foundation: Learn More: Alternatives for Medications Listed in the AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults

Additional resources can be found at the ASAM website.

Sincerely,

/Arthur Kleinschmidt/

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[i] The ASAM Clinical Practice Guideline on Benzodiazepine Tapering. Available at: https://www.asam.org/quality-care/clinical-guidelines/benzodiazepine-tapering.

[ii] Notably, misuse was rare in this age group. Per NSDUH data from 2022 only 0.5 percent of adults over 65 reported misuse of BZDs in the past year (4 percent past year users of BZDs). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2022) National Survey on Drug Use and Health 2022.

[iii] Wu C-C, Liao M-H, Su C-H, Poly TN, Lin M-C. Benzodiazepine Use and the Risk of Dementia in the Elderly Population: An Umbrella Review of Meta-Analyses. *Journal of Personalized Medicine*. 2023; 13(10):1485.

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[vi] By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023 Jul;71(7):2052-2081. doi: 10.1111/jgs.18372. Epub 2023 May 4. PMID: 37139824.

[vii] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2024) National Survey on Drug Use and Health 2023. Retrieved from Table 1.18A)https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-sect1pe.htm#tab1.18a.

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[xi] Ogbonna, C. I., & Lembke, A. (2017). Tapering Patients Off of Benzodiazepines. *American family physician*, 96(9), 606–610.

[xii] Harrington R, Anderson T. A Novel Deprescribing Quality Metric for Health Plans: Deprescribing of Benzodiazepines in Older Adults. https://deprescribingresearch.org/wp-content/uploads/2022/09/USDeN_BenzoDeprescribingQuality_20220913.pdf.

[xiii] HEDIS MY 2023: See What's New, What's Changed and What's Retired - NCQA. Available at: https://www.ncqa.org/blog/hedis-my-2023-see-whats-new-whats-changed-and-whats-retired/

[xiv] Seymour, R. B., Wally, M. K., Hsu, J. R., & PRIMUM Group (2023). Impact of clinical decision support on controlled substance prescribing. *BMC medical informatics and decision making*, *23*(1), 234. https://doi.org/10.1186/s12911-023-02314-0.

[xv] Picco, L., Lam, T., Haines, S., & Nielsen, S. (2021). How prescription drug monitoring programs influence clinical decision-making: A mixed methods systematic review and meta-analysis. *Drug and Alcohol Dependence*, *228*, 109090. https://doi.org/10.1016/j.drugalcdep.2021.109090.

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