

# Benzodiazepine Withdrawal: recommended patient agreement

I..... understand and agree to the following in relation to my participation in a benzodiazepine withdrawal program

- The purpose of the plan is to help me stop using benzodiazepines, it comprises prescribed diazepam tablets and counselling.
- I have been advised that counselling is an important part of helping me to stop taking benzodiazepines.
- I must collect the prescribed diazepam tablets from ..... pharmacy on a daily basis at the agreed time.
- I am responsible for paying any pharmacy charges.
- The diazepam dose will be reduced by 5mg every 3 days to 20 mg, thereafter by 2.5mg every 3 days to 0, I may ask for this to be reduced more quickly if I am coping well.
- Any diazepam tablets in my possession are my responsibility and if I lose/misplace them etc they will not be replaced.
- Under no circumstances will I be allowed to stay on benzodiazepines long term.
- I will abide by any rules and responsibilities of the clinic/surgery and pharmacy.
- I will not get benzodiazepines from any other source (e.g. other doctors, buying them off people) nor will I exchange them for other drugs.
- I have signed (and will continue to sign) the Medicare release of information form to allow information about my benzodiazepine scripts to be sent to the clinic.
- I will not take non-prescribed drugs while on the diazepam reduction regime as this can be dangerous (especially other sedative drugs including alcohol and opiates eg heroin, morphine, methadone, buprenorphine).
- I have been advised that driving a vehicle or operating machinery is not safe while taking benzodiazepines such as diazepam.

.....  
*signature*

.....  
*date*

.....  
*witness*

.....  
*date*