Benzodiazepine equivalents

Diazepam-equivalent doses, half-lives, and onset. The table for cross-tapers, inpatient conversions, and alcohol withdrawal. Reviewed against current guidelines as of June 8, 2026.

Diazepam is the reference. 10 mg of diazepam is the standard unit and every other benzo gets described against it. Equivalents vary between sources (Ashton, Maudsley, ASAM don't fully agree), so treat them as a starting point and adjust to response. The equivalent dose isn't clinical interchangeability: alprazolam 0.5 mg and clonazepam 0.5 mg don't feel the same.

Equivalence, half-life, and onset

Drug	Approx dose = 10 mg diazepam	Half-life (parent and active)	Onset (oral)	Notes
Diazepam	10 mg	20 to 100 h (desmethyldiazepam active)	Fast	Reference; long half-life makes it a taper mainstay
Alprazolam	0.5 mg (Ashton) to 1 mg (US)	6 to 12 h	Fast	Interdose withdrawal; hardest to taper
Alprazolam XR	Same equivalence	11 to 16 h	Moderate	Slightly smoother, not enough to solve the taper problem
Clonazepam	0.5 mg	18 to 50 h	Moderate	Preferred long-acting anchor for cross-taper
Lorazepam	1 mg	10 to 20 h (no active metabolite)	Moderate	Glucuronidated; safer in liver disease
Oxazepam	15 mg	4 to 15 h	Slow	Glucuronidated; short but safe in liver disease
Temazepam	15 to 20 mg	8 to 20 h	Moderate	Sleep-focused; glucuronidated
Chlordiazepoxide	25 mg	24 to 100 h (active metabolites)	Moderate	Alcohol withdrawal mainstay
Midazolam	Parenteral: 5 mg IV/IM (rough)	1.5 to 3 h	IV: immediate	Not for oral outpatient use
Triazolam	0.25 mg	1.5 to 5 h	Fast	Sleep only; not practical for taper
Flurazepam	15 mg	40 to 250 h (metabolites)	Moderate	Rarely used now
Clobazam	20 mg	30 to 50 h (norclobazam active)	Slow	Epilepsy indication (LGS); lower sedation profile
Clorazepate	15 mg	40 to 100 h (desmethyldiazepam)	Fast	Prodrug for desmethyldiazepam
Estazolam	1 to 2 mg	10 to 24 h	Moderate	Sleep; rarely first-line

Sources disagree within a factor of two. Ashton rates alprazolam more potent (0.5 mg = 10 mg diazepam); many US resources use 1 mg. The right answer depends on the patient.

Cross-taper from a short-acting benzodiazepine

- Calculate the current daily dose in diazepam equivalents.
- Substitute diazepam or clonazepam at the equivalent dose, divided 2 to 3 times daily. Staged substitution (swap one alprazolam dose at a time over 1 to 2 weeks) is often easier than all at once.

- Once stable on the long-acting agent, reduce total daily dose by 5 to 10 percent every 2 to 4 weeks. Slower for high-dose or long-duration users.
- Do not skip doses to taper. Reduce a scheduled dose instead.
- For high-dose or protracted users, hyperbolic tapering (proportional cuts) works better than linear. Expect 6 to 18 months for high-dose alprazolam.

Alcohol withdrawal

CIWA-Ar-triggered dosing is the standard in most US hospitals. Chlordiazepoxide 25 to 100 mg PO per dose based on CIWA. Lorazepam 1 to 2 mg PO/IV/IM per dose (preferred in hepatic dysfunction). Diazepam 5 to 10 mg PO/IV per dose (loads well due to active metabolites). Symptom-triggered uses less total benzo and shortens LOS. For cirrhotic patients: lorazepam, oxazepam, or temazepam. For elderly: lower doses, prefer lorazepam over chlordiazepoxide.

Common questions

- Which benzo for a cirrhotic patient in withdrawal? Lorazepam. Glucuronidated, no active metabolites, predictable in hepatic impairment.
- Are equivalents the same for anxiety and sleep? No. Equivalents are calibrated for anxiolysis. Fast-onset short-acting agents feel more potent for sleep; long-acting feel more effective for persistent anxiety.
- How long is 'long-acting' really? The drug plus active metabolites give functional half-life over 24 hours: diazepam, clonazepam, chlordiazepoxide, clorazepate, flurazepam, clobazam. Alprazolam XR doesn't count.

Not medical advice.