Clinical Track

Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

**Brian S. Taylor**, MD, Medical Director, Adult Services and ADP, Ventura County (California) Behavioral Health

**Celia Woods**, MD, Quality Medical Director, Ventura County (California) Behavioral Health

Moderator: **Kelly Clark**, MD, MBA, DFAPA, DFASAM, Chief Medical Officer, Clean Slate Centers, President, American Society of Addiction Medicine, and Member, National Rx Drug Abuse & Heroin Summit Advisory Board
Disclosures

- Brian S. Taylor, MD, and Celia Woods, MD, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
- Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Identify current guidelines and practices that reflect those guidelines in order to provide optimal and safe care to patients.
- Identify safe practices to minimize the long-term use of benzodiazepines when other treatment approaches are best practices.
- Outline procedures for safe practices to implement them in clinical practice.
COURSE CONTENT

1. Defining the scope of the problem ➔ PIP.
2. Evidence-based practices for prescribing and monitoring controlled substances and the development of a Clinical Practice Guideline.
3. Indications for using benzodiazepines and alternatives.
4. Initial consultation and resistance to change.
5. Integrating non-pharmacologic approaches in treatment.
7. Case discussions: successful interventions and challenges.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Defining the problem:

- Alprazolam (brand name: Xanax) & other benzodiazepines are no longer the drugs of first choice for most conditions but continue to be commonly prescribed.

- Evidence has shown that long-term use has very little benefit.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Indications for benzodiazepines include:

• SHORT-TERM (< 10 weeks) treatment of panic disorder or anxiety (alprazolam)

• As an adjunct in treating seizure disorders (clonazepam, diazepam)

• Status epilepticus (lorazepam, diazepam, midazolam)

• Alcohol withdrawal (lorazepam, oxazepam)
## Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

<table>
<thead>
<tr>
<th>2013 Rank</th>
<th>2011 Rank</th>
<th>2019 Rank</th>
<th>2005 Rank</th>
<th>Brand name (generic name)</th>
<th>Used for</th>
<th>U.S. Rx (% change from 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Xanax (alprazolam)</td>
<td>Anxiety</td>
<td>48,465,000 (1%)</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>Zoloft (sertraline)</td>
<td>Depression, Anxiety, OCD, PTSD, PMDD</td>
<td>41,416,000 (11%)</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>17</td>
<td>11</td>
<td>Celexa (citalopram)</td>
<td>Depression, Anxiety</td>
<td>39,445,000 (5%)</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>Prozac (fluoxetine HCL)</td>
<td>Depression, Anxiety</td>
<td>28,258,000 (15%)</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>Ativan (lorazepam)</td>
<td>Anxiety, panic disorder</td>
<td>27,948,000 (3%)</td>
</tr>
</tbody>
</table>
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Long-term use is associated with many risks, including:

- Dependence
- Abuse/misuse
- Cognitive impairment
- Falls
- Withdrawal
- Diversion
- Death
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Defining the problem:

• The use of benzodiazepines in the nation has grown over time.

• CDC data shows that along with an increase in the number of prescriptions written for these drugs nationwide, there has been a corresponding increase in emergency department visits and overdoses associated with this class of drugs.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

- There is substantial documentation in the literature that alprazolam is a very popular street drug.

- Alprazolam in combination with carisoprodol (Soma) and an opiate, known as the “Holy Trinity,” is commonly known to provide a “high” similar to heroin. Thus, this combination of substances is highly sought after on the street.

- Per the CDC, the number of accidental deaths related to overdose of controlled substances has skyrocketed in the past 10 years.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

• Studies indicate that people with co-occurring disorders are at higher risk for misuse & overdose of prescription medications.

• Nationwide, 32% of hospital ED visits involving benzodiazepines result in serious medical outcomes (DAWN report).

• Overdose deaths in the USA have surpassed motor vehicle accidents as the number one cause of accidental deaths.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Defining the problem:

• The number of benzodiazepine admissions to substance abuse treatment facilities nearly tripled between 1998 and 2008 (TEDS report)

• People with mental health disorders represent a disproportionate percentages of those who die from unintentional drug overdose.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Do we have a problem locally?
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Prescriptions Dispensed for Sedative Hypnotics among ALL prescribers, public and private sector, in Ventura County in 2012 (N=465,744 prescriptions)

- Benzodiazepines: 44%
- Alprazolam: 28%
- Benzodiazepine receptor agonist: 26%
- Other sedative hypnotics: 3%
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Total Number of Drug Deaths Where Alprazolam was Detected in Ventura County

2005-2013
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

How did it come to our attention?

- QA reviews of VCBH adult patient deaths, whether intentional or accidental, often found benzodiazepines implicated.

- VCBH providers were getting requests from Ambulatory Care providers to help manage mutual clients on long-term benzodiazepines.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

- VCBH providers and clinic administrators noted a growing problem with clients on long-term benzodiazepines who were running out of meds early, missing scheduled appointments and demanding early refills.

- When providers attempted to address issues of misuse with their patients, the latter often displayed resistance by making complaints against the provider and requesting (or demanding) they be assigned a new provider, seeking a prescriber who would furnish their desired agent in the dose, frequency and quantity demanded.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Evidence-based tools in safe prescribing of controlled substances:

- Prescription Drug Monitoring Programs
- Medication Treatment Agreements (MTAs)
- Random Urine Drug Testing
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Prescription Drug Monitoring Programs

- Available statewide in 49 states *(what’s up Missouri?)*

- State-level policies that enhance PDMPs or regulate pain clinics have shown promising results.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

• In Ohio and Kentucky, the MME per capita decreased in > 50% of counties from 2010 to 2015.
• Florida showed a decline in prescription opioid related overdose deaths in 2010-2012.
• In 2012, New York mandated prescribers to check their state’s PDMP prior to prescribing, and the next year, saw a 75% drop in patients seeing multiple prescribers for the same drug.
• Other states, such as Tennessee and Oregon, also reported successes
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

What we wanted to know:

Are our providers using available tools that may help limit diversion and misuse?
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

California has the oldest prescription drug monitoring program, established in 1939, and today is known as the Controlled Substance Utilization Review and Evaluation System, or CURES 2.0.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Medication Treatment Agreement

By signing this Medication Treatment Agreement, I agree to

1. Attend scheduled appointments for medication monitoring and treatment
2. Follow medication dosing instructions
3. Report all side effects
4. Notify the provider of any changes in medical history or medication use

This agreement is in effect from [start date] to [end date].

Provider Signature

[Provider Information]

[Date]
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

- Approximately 26% of VCBH Adult Clients have a co-occurring substance use disorder.
- As noted earlier, this puts them at higher risk for substance misuse and overdose.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

What did we find?

- An audit of our EHR in October 2014 showed there were 146 active orders for alprazolam in the Adult Services Division of VCBH (3.5% of all active orders).

- 46/146 of the clients on alprazolam were ALSO prescribed another sedative hypnotic.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• 18.7 % (29/139*) of audited client charts had physical evidence a CURES report had been run.
• 44.6% (62/139) of clients prescribed alprazolam had a Medication Treatment Agreement (MTA) in the chart.
• 0% (0/139) of charts evidenced a urine drug screen had been completed**.
• *139 charts of clients with an active alprazolam order were reviewed
• **Barrier: At the time, no on-site specimen collection was available.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

PREVENTING OVERDOSE THROUGH SAFE PRESCRIBING

Ventura County’s Benzodiazepine Performance Improvement Project
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

PIP Stakeholders

• **Community Stakeholders:** Represented by VC Rx Abuse & Heroin Workgroup. This group includes Ventura County Office of Education, Ventura County Sheriff’s Department, Ventura County Health Care Agency Ambulatory Care, Behavioral Health Advisory Board, Ventura County Alcohol and Drug Program, Ventura County Public Health, and community members at large.

• **Within VCBH:** Psychiatrists, nurse practitioners, nursing personnel, clinicians, clinic administrators, managers and the QIC.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

Goals:

• Reduce consumer risk associated with exposure to benzodiazepines and promote a more uniform treatment approach by providers.

• Ensure well-established, non-pharmacologic approaches are offered and integrated into treatment when appropriate.

• Establish a clinical practice guideline for controlled substances to promote safe prescribing practices.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Interventions:

• Memo was sent to all providers explaining the PIP w/ all baseline data and recommendations for safe prescribing of controlled substances (10/31/14, 11/6/14).

• Weekly reminder on Outlook to check CURES (11/3/2014).

• Providers were given a list of patients Rx’d alprazolam w/o an MTA or evidence of a CURES report (11/3/2014).

• Providers were reminded on how to use/access CURES (11/3/2014).
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

- PIP Squeaks surveyed providers (11/06/2014).
- PIP Squeaks surveyed nursing (11/21/2014).
- Brought in on-site specimen collection with Millennium labs (11/13/2014); piloted at Simi Adult Clinic and then rolled out to our other clinics.
- Quarterly report cards sent to providers (February 2015).
- Clinical Practice Guideline (September 2015).
- Safe Prescribing Patient Information Flyer/Pamphlet (July 2015).
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

- Continuing Medical Education to all prescribers (May and September 2015)
- Added UDS and comparative data to provider report cards (November 2015)
- Applied Relaxation Training workshop for therapists (December 2015) with drop-in groups available at most clinics.
- CBT for Anxiety—six module curriculum (Spring 2016)
- Provided additional support to providers who were struggling to meet goals (April 2016)
Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

The Safe Alprazolam Prescribing PIP ended and the Benzodiazepine Monitoring Program began (June 2016).
## Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

<table>
<thead>
<tr>
<th>Simi Clinic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time period 11/22/14 to 01/20/15</td>
<td></td>
</tr>
<tr>
<td>#drug screens completed</td>
<td>29</td>
</tr>
<tr>
<td># screens (+) for non prescribed Rx</td>
<td>18/29 = 62%</td>
</tr>
<tr>
<td># (+) for THC</td>
<td>13/18 = 72%</td>
</tr>
<tr>
<td># (+) for benzodiazepine</td>
<td>5/18 = 28%</td>
</tr>
<tr>
<td># (+) for opioid</td>
<td>3/18 = 17%</td>
</tr>
<tr>
<td># (+) for ETOH</td>
<td>4/18 = 22%</td>
</tr>
<tr>
<td># (+) for amphetamine</td>
<td>2/18 = 11%</td>
</tr>
<tr>
<td># (+) for methamphetamine</td>
<td>3/18 = 17%</td>
</tr>
<tr>
<td># (+) for cocaine</td>
<td>1/18 = 6%</td>
</tr>
</tbody>
</table>

**Summary:** 62% (+) for substance of abuse
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

On-site urine collection for drug testing:

• # of tests negative for a prescribed medicine: 5/29 = 17%.

• Summary: 5 clients had drugs screens showing an ABSENCE of prescribed medications.

• Significance of a NEGATIVE drug screen: may represent (a) diversion, (b) using the medication more frequently than prescribed, thus running out early, or (c) if a prn, infrequent use.
# Safe Alprazolam Prescribing and Benzodiazepine Monitoring

<table>
<thead>
<tr>
<th>Category</th>
<th>Occurrence</th>
<th>% of Total Specimens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens in full agreement with reported medications</td>
<td>272</td>
<td>36.2%</td>
</tr>
<tr>
<td>Specimens with unreported prescription medication(s) detected</td>
<td>82</td>
<td>10.9%</td>
</tr>
<tr>
<td>Specimens with reported prescription medication(s) not detected</td>
<td>92</td>
<td>12.3%</td>
</tr>
<tr>
<td>Specimens with unreported prescription medication(s) detected and reported prescription medication(s) not detected</td>
<td>29</td>
<td>3.9%</td>
</tr>
<tr>
<td>Specimens with illicit substance(s) detected</td>
<td>79</td>
<td>10.5%</td>
</tr>
<tr>
<td>Specimens with illicit substance(s) detected &amp; unreported medication(s) detected</td>
<td>126</td>
<td>16.8%</td>
</tr>
<tr>
<td>Specimens with illicit substance(s) detected &amp; reported medication(s) not detected</td>
<td>24</td>
<td>3.2%</td>
</tr>
<tr>
<td>Specimens with illicit substance(s) detected &amp; unreported medication detected &amp; reported medication(s) not detected</td>
<td>47</td>
<td>6.3%</td>
</tr>
</tbody>
</table>
## Sample Report Card

<table>
<thead>
<tr>
<th>Prescriber: Dr. X</th>
<th>Report Run 10/2/14 (Baseline)</th>
<th>Report Run 8-1-17</th>
<th># Refills Ordered (All Clinic Sites)</th>
<th># Patients (% of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data for All Sites</td>
<td>Data for All Sites</td>
<td>Clinic Data</td>
<td>Goal</td>
</tr>
<tr>
<td></td>
<td>Total # patients on alprazolam</td>
<td>146</td>
<td>10/20 (50% of total)</td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td>Total # of MTAs completed</td>
<td>62</td>
<td>5/10=50%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>% of MTAs completed</td>
<td>62/139=44.6%</td>
<td>1/1=100 %</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total # CURES Run w/in past 120 days</td>
<td>26</td>
<td>5/10=50%</td>
<td>4</td>
</tr>
<tr>
<td>% of CURES Run</td>
<td>26/139=18.7%</td>
<td>8/20=40%</td>
<td>1/5=%</td>
<td>Total 20</td>
</tr>
<tr>
<td>% of all alprazolam patients on multiple benzos or z-drugs</td>
<td>47/1391=1.13%</td>
<td>4/4269=.09%</td>
<td>0/1=0%</td>
<td></td>
</tr>
</tbody>
</table>

### Current Data By Site

<table>
<thead>
<tr>
<th>Current Data By Site</th>
<th>Total # Patients</th>
<th>Total # Patients on Alprazolam</th>
<th>% of Clinic patients on alprazolam</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic 1</td>
<td>600</td>
<td>12</td>
<td>2.00%</td>
<td></td>
</tr>
<tr>
<td>Clinic 2</td>
<td>29</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Clinic 3</td>
<td>900</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Clinic 4</td>
<td>900</td>
<td>1</td>
<td>0.11%</td>
<td></td>
</tr>
<tr>
<td>Clinic 5</td>
<td>630</td>
<td>2</td>
<td>0.32%</td>
<td></td>
</tr>
<tr>
<td>Clinic 6</td>
<td>600</td>
<td>1</td>
<td>0.17%</td>
<td></td>
</tr>
<tr>
<td>Clinic 7</td>
<td>332</td>
<td>2</td>
<td>0.60%</td>
<td></td>
</tr>
<tr>
<td>Clinic 8</td>
<td>86</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Clinic 9</td>
<td>180</td>
<td>1</td>
<td>0.6%</td>
<td></td>
</tr>
<tr>
<td>Clinic 10</td>
<td>62</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Clinic 11</td>
<td>45</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Clinic 12</td>
<td>75</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Clinic 13</td>
<td>36</td>
<td>1</td>
<td>2.80%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
# of Patients on Lorazepam (Ativan)
# of Patients on Clonazepam (Klonopin)
# of Patients on Zolpidem & Zolpidem CR (Ambien)
February 2018

- # of patients on alprazolam (20/4268 or .46%%)
- # of patients with a CURES report run within the past 120 days (3/20 or 15%)
- # of patients with a completed MTA (14/20 or 70%)
- # of patients prescribed concomitant sedative hypnotics (1/4268 or 0.02%)
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

VCMMC Clinical Practice Guideline
Benzodiazepine and Z-Drug Safety Guideline

The following procedures are recommended when prescribing in the appropriate setting:

• Establish medical necessity. Indications for treatment are preferably evidence-based in nature.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

- Clear documentation of risk/benefit analysis and rationale for prescribing in a progress note. Consideration is given to (a) symptoms (b) diagnosis (c) alternatives to treatment (d) goals of treatment (e) evaluation of risk factors (f) future recommendations. (g) The prescriber has considered the substance use history of the patient as well as other known risk factors including pertinent medical conditions, social history and concurrent prescription of controlled substances.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

- Provide patient education on risk and benefits of benzodiazepines including the risk of dependence. Patients receiving a new prescription for a benzodiazepine should be advised on nondrug therapies.
- Counseling referral is strongly recommended.
- All patients should be encouraged to discontinue chronic use of benzodiazepines and Z-Drugs. Providers should create a treatment care plan to help with tapering and discontinuation.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• A Medication Treatment Agreement for any controlled substance is strongly recommended and may be required by some agencies/departments. The agreement describes the conditions under which controlled drugs are prescribed and highlights the responsibilities of the prescriber and patient when this group of medication is prescribed.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

- A Patient Activity Report from the Controlled Substance Utilization Review and Evaluation System database (CURES) report is run (a) PRIOR to prescribing a controlled substance and (b) periodically during the course of treatment as clinically indicated. If suspicious activity is discovered, this is documented in the medical record along with the appropriate intervention.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• Set expectations for frequency of appointments and consider discontinuation of the controlled substance if a pattern of missed appointments occurs.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

- If asked to refill a controlled substance when covering for another prescriber, verify:
  - Date of last attended appointment
  - Date of next scheduled appointment
  - Date last prescription was filled
  - Lack of suspicious activity by checking CURES database
  - There is a signed medication treatment agreement
  - Consider providing the minimal supply to cover the patient until the next appointment
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• A urine toxicology screen is ordered at the discretion of the prescriber when clinically indicated.
Indications for short-term use:

- Insomnia
- Anxiety
- Muscle relaxant
- Alcohol withdrawal
- Acute psychosis or mania w/ agitation
- Phobias (single dose)
- Seizures
- Sedation for office procedures
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

Indications for long-term use:

NOT RECOMMENDED for use longer than 6 weeks, apart from in exceptional circumstances. There is no evidence to support the long-term use of these drugs for insomnia or any mental health indication.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

Case Discussions
Role Playing Exercise
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

Initial Prescribing

- Diagnostic impressions and evidence-based treatment recommendations are discussed w/ patient.
- If short-term use of a benzodiazepine or Z-drug is recommended, provider articulates the medication plan (e.g. concomitantly start an SSRI or SNRI as first-line treatment for an anxiety disorder) and approximates duration of treatment of both agents.
- Provider discusses R/B/SE w/ patient and the medication consent form is signed.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• Provider reviews in detail the MTA w/ patient and both sign.
• A CURES report is run PRIOR to ordering the controlled substance.
• Therapy referrals are offered.
SAFE PRESCRIBING

We care about you. Our goal is to treat psychiatric conditions effectively, safely and in the right way.

- Psychiatric treatment is complicated and the prescribing of psychotropic medication is highly individualized.
- Incorrect use of medication can cause serious health problems and death.
- VCBH has a multi-disciplinary approach to the treatment of all psychiatric conditions. The prescribing of medication is one of many treatment options we provide.
- VCBH will only provide medications that are safe and correct/appropriate for you.

For your SAFETY, we routinely follow these rules when helping you with medication:

1. All patients new to our department are evaluated prior to any medications being prescribed or refilled. There is no guarantee that the medication previously prescribed will be continued.

2. We use the California Prescription Drug Monitoring Program called CURES. This statewide system tracks all controlled substance prescriptions including: Valium (diazepam), Xanax (alprazolam), Ambien (lorazepam), Ritalin (methylphenidate), Valium (diazepam), Adderall (amphetamine salts), Norco (hydrocodone), Oxycontin (oxycodone).

3. A Medication Treatment Agreement outlines the responsibilities of the prescriber and patient. This signed document is required whenever a controlled substance is prescribed.

We ask that you participate in your treatment by doing the following:

1. Keep all scheduled appointments. This allows us to properly monitor your progress and safely refill your medications as necessary.
2. Attend individual or group sessions as recommended by treatment staff.
3. Take prescribed medication as directed and only for the condition being treated.
4. Do not share, sell or trade medication.
5. Keep your medication secure to prevent loss or theft.

If you need help with substance abuse or addiction, please call 1-800-981-9200 for confidential referral and treatment.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

If on a benzodiazepine or z-drug:

• Diagnostic impressions and evidence-based treatment recommendations are discussed w/ patient.

• Inform that given what we now know, we are encouraging our patients to discontinue chronic use of benzodiazepines and z-drugs. The risk: benefit ratio is unfavorable.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• Educate the patient about the benefits of stopping—the risks of long-term benzodiazepine use and concerns regarding their safety. Mention there is no evidence to support long-term use for insomnia or any mental health indication.

• Discuss contraindications to prescribing, e.g. active or h/o substance abuse; pregnancy or risk of pregnancy; treatment w/ opioids for chronic pain or replacement therapy for narcotic addiction; medical and mental health problems that may be aggravated w/ benzodiazepines.
# Risks of Mixing Opioids and Benzodiazepines

## A Brief Overview

<table>
<thead>
<tr>
<th>BENZODIAZEPINES</th>
<th>OPIOIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use</strong></td>
<td></td>
</tr>
<tr>
<td>Anxiety, insomnia (short-term)</td>
<td>Severe pain</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td></td>
</tr>
<tr>
<td>alprazolam (Xanax®, Xanax XR®), clonazepam (Klonopin®), diazepam (Valium®), lorazepam (Ativan®), temazepam (Restoril®)</td>
<td>codeine, oxycodone (Oxycontin®), methadone, oxycodone &amp; acetaminophen (Percocet®), hydrocodone &amp; acetaminophen (Vicodin®), Norco®, morphine (MS Contin®), hydromorphone (Dilaudid®), fentanyl (Duragesic®)</td>
</tr>
<tr>
<td><strong>Possible Symptoms of Overdose</strong></td>
<td></td>
</tr>
<tr>
<td>Respiratory depression or slowed breathing, Altered mental status or confusion, Slurred speech, Lack of muscle control</td>
<td>Respiratory depression or slowed breathing, Altered mental status or confusion, Pinpoint pupils, Unconsciousness</td>
</tr>
</tbody>
</table>

## WHY IS IT DANGEROUS?

Benzodiazepines and opioids share common side effects and when used together, can increase risk for more severe and possibly fatal complications.

- **Respiratory depression**
  - Slowed, shallow or stopped breathing
  - Less oxygen flows to the brain and other vital organs, causing the body to shut down

- **High risk for addiction and dependence**
  - Benzodiazepines can increase the euphoric effect associated with opioids

- **Oversedation**
  - Increased risk for falls if standing, falling asleep while driving or possibly induce a coma

## FACTORS THAT INCREASE RISK

- Age
- Alcohol use
- High doses
- Purchasing these prescription medications online

## STATISTICS

People who fill prescriptions for both an opioid and benzodiazepine have a 15 times higher risk of death.

Currently more people in the USA die from accidental drug overdoses than from motor vehicle accidents.

About 40% of patients who are on opioids for chronic pain are also prescribed benzodiazepines, which increases the risk of accidental overdose.

## SUMMARY

These medications can be safe when used as prescribed and for a legitimate purpose.

Benzodiazepines should be used for the shortest duration possible or no longer than 4-6 weeks.

If you know anyone who struggles with addiction to either of these medications, talk to a healthcare provider to determine the best plan towards recovery.

If you are taking either medication, talk to your healthcare provider before stopping the medication. Stopping either medication too quickly may cause serious symptoms.

---

**References**


0/16 VCBH MMWG approved
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• Discuss adverse effects of benzodiazepines including dependence, depression, increased anxiety, tolerance to the anxiolytic effects and increased risk of mortality.

• Explain what a gradual taper would look like and how you’d help manage withdrawal sxs. Be reassuring.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• Explain how having some anxiety is part of life and serves a purpose. We all need to learn how to be master over our anxiety (internal locus of control). Our goal is to use anxiety as a tool for change, not extinguish it. Being dependent on medications like benzodiazepines suggests the locus of control is external.

• Explain how non-drug therapies will help your patient learn how to manage their anxiety and bring the locus of control back to them.

• Explain how CBT is the treatment of choice for anxiety disorders and has better outcomes than medications alone.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• A Self-Help Handout for Benzodiazepine Discontinuation Using Cognitive Behavioral Therapy
  Mariyam Ahmed, Henny A. Westra  York University
  Sherry H. Stewart  Dalhousie University
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

Tapering and Discontinuation:

• Gradual Tapering: 10% reduction per week vs. every 2 to 4 weeks depending on risks and term of use/tolerance.

• The most effective strategy to manage benzodiazepine discontinuation and prevent adverse outcomes associated w/ the development of severe withdrawal is a gradual taper of benzodiazepines.

• Rapid Discontinuation: 25% reduction per week for patient’s whose UDS is consistent w/ substance abuse concerns or behavior suggests possible misuse or diversion of medication.
Switching benzodiazepines:

- If on a short-acting benzodiazepine, consider converting to a longer-acting agent such as diazepam (t₁/₂ = 20-80 hours) or clonazepam (t₁/₂ = 18-50 hours). Switching to diazepam in patients over 65 is not recommended.

- For older adults, lorazepam, oxazepam and temazepam are the safest options since they don’t have metabolites that can accumulate.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• Substitute one dose of the current benzodiazepine at a time starting w/ the evening/bedtime dose to avoid daytime sedation. Replace other doses q few days to a week until equivalent dose is reached before tapering.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

Treatment of withdrawal symptoms:

- Seizure prevention: carbamazepine, valproic acid.
- Tachycardia, HTN, tremors, sweats, anxiety and restlessness: propranolol.
- HTN, tremors, sweats, anxiety, restlessness: clonidine.
- Anxiety, restlessness: hydroxyzine, diphenhydramine.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

- Insomnia: hydroxyzine, diphenhydramine
- Nausea: promethazine, metoclopramide
- Dyspepsia: calcium carbonate, antacid (Mylanta®), Milk of Magnesia
- Pain, fever: acetaminophen, ibuprofen
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

Systems issues:

• Access for patients to both clinicians and providers.
• Access to non-pharmacotherapies across clinics.
• Establishing continuity of care with treatment providers.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

• Being a safe prescriber requires time (having difficult conversations about benzodiazepine use, discussing the MTA, consenting patients for medication, checking CURES before ordering meds, ordering a UDS) and we all have the time constraint of a schedule.
Safe Alprazolam Prescribing and Benzodiazepine Monitoring

- 2016 CAPH/SNI Quality Leaders Award for Data-Driven Organization
- 2017 CSAC Challenge Merit Award
- Published in the 2017 edition of HCPro-education resource for medical staff professionals

*Performance Indicators: Clinical Specialty–Specific Strategies and Samples*
Nearly 100 people are dying in Ventura County each year from accidental overdose of opioids.

The Opioid Crisis

Learn the Signs of Overdose

A Parent’s Story

For Prescribers

Medication Disposal

Help for Addiction

VenturaCountyResponds.org
VenturaCountyLimits.org
Contact information:

celia.woods@ventura.org
brian.taylor@ventura.org

Sterling Care Psychiatric Group, Inc.
601 E. Daily Drive, Ste. 100
Camarillo, CA 93010
Office: (805) 485-5051  Fax: (805) 278-7945
www.sterlingcaregroup.com
Clinical Track

Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

**Brian S. Taylor**, MD, Medical Director, Adult Services and ADP, Ventura County (California) Behavioral Health

**Celia Woods**, MD, Quality Medical Director, Ventura County (California) Behavioral Health

Moderator: **Kelly Clark**, MD, MBA, DFAPA, DFASAM, Chief Medical Officer, Clean Slate Centers, President, American Society of Addiction Medicine, and Member, National Rx Drug Abuse & Heroin Summit Advisory Board
THANK YOU

#RxSummit

www.NationalRxDrugAbuseSummit.org