

## VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE Benzodiazepine and Z-Drug Safety Guideline

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care in the appropriate clinical setting. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

For detailed information on pharmacology, prescribing considerations, contraindications, tapering and discontinuation of these drugs see attached **Group Health-Benzodiazepine and Z-Drug Safety Guideline (2014)** provided courtesy of the Group Health Cooperative, David K. McCulloch, MD, Medical Director, Clinical Improvement, [mcculloch.d@ghc.org](mailto:mcculloch.d@ghc.org) (contact date: 5/1/15)

In addition, the following procedures are recommended when prescribing, if appropriate for the particular treatment setting.

1. Establish medical necessity. Indications for treatment are preferably evidence-based in nature.
2. 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.
3. 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.
4. Counseling referral is strongly recommended.
5. 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.
6. 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. (See example form and policy)
7. 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) at least every 120 days during the course of treatment. If suspicious activity is discovered, this is documented in the medical record along with the appropriate intervention.
8. Careful consideration is given to the amount of medication prescribed. Limiting refills to 0 or 1 is strongly recommended.
9. Set expectations for frequency of appointments and consider discontinuation of the controlled substance if a pattern of missed appointments occurs.
10. 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.

11. A urine toxicology screen is ordered at the discretion of the prescriber when clinically indicated.

12. Continuity of care is established with a patient's primary care provider and other prescribers who may offer controlled substances such as a pain specialist or surgeon to minimize the risk of therapeutic duplication and drug interactions.

**Patient Education Materials:**

1. Safe Prescribing – English/Spanish
2. Risks of Mixing Opioids and Benzodiazepines – English/Spanish



# 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 Klonopin (clonazepam), Xanax (alprazolam), Ativan (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 authorize refills 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  
**1-805-981-9200**  
for confidential referral  
and treatment.



VENTURA COUNTY  
BEHAVIORAL HEALTH  
A Department of Ventura County Healthcare Agency.

# RECETAR MEDICAMENTOS DE MANERA SEGURA

**Nos preocupamos por usted. Nuestro objetivo es tratar condiciones psiquiátricas con eficacia, seguridad y en la forma correcta.**



- El tratamiento psiquiátrico es complicado y la prescripción de medicamentos psicotrópicos es altamente individualizada.
- El uso incorrecto de los medicamentos puede causar problemas graves de salud y hasta la muerte.
- El VCBH tiene un enfoque multidisciplinario para el tratamiento de todas las enfermedades psiquiátricas. La prescripción de medicamentos es una de las muchas opciones de tratamiento que ofrecemos.
- El VCBH sólo proporcionará medicamentos que son seguros y correctos/ade cuados para usted.

**Para su seguridad, seguimos rutinariamente estas reglas cuando le ayudamos con la medicación:**

1. Todos los pacientes nuevos a nuestro departamento se evalúan antes de que cualquier medicamento sea recetado o sea renovado. No hay garantía de que el medicamento prescrito previamente se continuará recetando.
2. Usamos el Programa de Monitoreo de Medicamentos Recetados de California. Llamado CURES (por sus siglas en inglés). Este sistema estatal rastrea todas las recetas de sustancias controladas incluyendo Klonopin (clonazepam), Xanax (alprazolam), Ativan (lorazepam), Ritalin (metilfenidato), Valium (diazepam), Adderall (sales de anfetamina), Norco (hidrocodona), Oxycontin (oxicodona).
3. El Acuerdo del Tratamiento de Medicamentos delinea las responsabilidades del prescriptor y el paciente. Se requiere este documento firmado cuando se prescribe una sustancia controlada.

**Le pedimos que participe en su tratamiento al hacer lo siguiente:**

1. Atienda todas las citas programadas. Esto nos permite monitorear adecuadamente su progreso y cautelosamente autorizamos más medicamentos según sea necesario.
2. Asista a las sesiones individuales, o en grupo, según sea recomendado por el personal de tratamiento.
3. Tome la medicación prescrita según las indicaciones y sólo para la enfermedad que padece.
4. No comparta, venda o intercambie los medicamentos
5. Mantenga sus medicamentos guardados para evitar la pérdida o el robo.

Si necesita ayuda con el abuso de sustancias o adicción, por favor llame al **1-805-981-9200** para referencia confidencial y tratamiento.



# Risks of Mixing Opioids and Benzodiazepines

## A Brief Overview

	BENZODIAZEPINES	OPIOIDS
<b>Use</b>	Anxiety, insomnia (short-term)	Severe pain
<b>Examples</b>	<b>alprazolam</b> (Xanax <sup>®</sup> , Xanax XR <sup>®</sup> ), <b>clonazepam</b> (Klonopin <sup>®</sup> ), <b>diazepam</b> (Valium <sup>®</sup> ), <b>lorazepam</b> (Ativan <sup>®</sup> ), <b>temazepam</b> (Restoril <sup>®</sup> )	<b>codeine, oxycodone</b> (Oxycontin <sup>®</sup> ), <b>methadone, oxycodone &amp; acetaminophen</b> (Percocet <sup>®</sup> ), <b>hydrocodone &amp; acetaminophen</b> (Vicodin <sup>®</sup> , Norco <sup>®</sup> ), <b>morphine</b> (MS Contin <sup>®</sup> ), <b>hydromorphone</b> (Dilaudid <sup>®</sup> ), <b>fentanyl</b> (Duragesic <sup>®</sup> )
<b>Possible Symptoms of Overdose</b>	<ul style="list-style-type: none"> <li>• Respiratory depression or slowed breathing</li> <li>• Altered mental status or confusion</li> <li>• Slurred speech</li> <li>• Lack of muscle control</li> </ul>	<ul style="list-style-type: none"> <li>• Respiratory depression or slowed breathing</li> <li>• Altered mental status or confusion</li> <li>• Pinpoint pupils</li> <li>• Unconsciousness</li> </ul>

### 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<sup>1</sup>

- **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<sup>1</sup>
- Alcohol use
- High-doses<sup>3</sup>
- Purchasing these prescription medications online

### STATISTICS

People who fill prescriptions for both an opioid and benzodiazepine have a 15 times higher risk of death<sup>2</sup>

Currently more people in the USA die from accidental drug overdoses than from motor vehicle accidents<sup>4</sup>

About 40% of patients who are on opioids for chronic pain are also prescribed benzodiazepines, which increases the risk of accidental overdose<sup>5</sup>

### 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<sup>6</sup>

**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

1. Network DA. The DAWN report. *Opiate-Related Drug Misuse Deaths in Six States*. 2003.
2. Peirce GL, Smith MJ, Abate MA, et al. Doctor and pharmacy shopping for controlled substances. *Medical care*. 2012;50(6):494-500.
3. Park TW, Saitz R, Ganoczy D, et al. Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study. *BMJ*. 2015;350:h2698.
4. Jones CM. Prescription Drug Abuse and Overdose in United States. Presented at Third Party Payer and PDMP Meeting. December 2012.
5. King SA, Strain JJ. Benzodiazepine use by chronic pain patients. *Clin J Pain*. 1990;6(2):143-47.
6. Canadian Psychiatric Association. Clinical practice guidelines. Management of anxiety disorders. *Can J Psychiatry*. 2006;8 Suppl 2:9S.

	BENZODIACEPINAS	OPIOIDES
<b>Uso</b>	Ansiedad, insomnio (de corta duración)	Dolor intenso
<b>Ejemplos</b>	<b>alprazolam</b> (Xanax <sup>®</sup> , Xanax XR <sup>®</sup> ), <b>clonazepam</b> (Klonopin <sup>®</sup> ), <b>diazepam</b> (Valium <sup>®</sup> ), <b>lorazepam</b> (Ativan <sup>®</sup> ), <b>temazepam</b> (Restoril <sup>®</sup> )	<b>codeine</b> , <b>oxycodone</b> (Oxycontin <sup>®</sup> ), <b>methadone</b> , <b>oxycodone &amp; acetaminophen</b> (Percocet <sup>®</sup> ), <b>hydrocodone &amp; acetaminophen</b> (Vicodin <sup>®</sup> , Norco <sup>®</sup> ), <b>morphine</b> (MS Contin <sup>®</sup> ), <b>hydromorphone</b> (Dilaudid <sup>®</sup> ), <b>fentanyl</b> (Duragesic <sup>®</sup> )
<b>Síntomas de Posible Sobredosis</b>	<ul style="list-style-type: none"> <li>• Depresión respiratoria o respiración lenta</li> <li>• Estado mental alterado o confusión</li> <li>• Arrastra las palabras</li> <li>• Falta de control muscular</li> </ul>	<ul style="list-style-type: none"> <li>• Depresión respiratoria o respiración lenta</li> <li>• Estado mental alterado o confusión</li> <li>• Pupilas puntiformes</li> <li>• Pérdida del conocimiento</li> </ul>

## ¿POR QUÉ ES PELIGROSO?

Las benzodiacepinas y los opiáceos comparten efectos secundarios comunes y cuando se utilizan juntos, pueden aumentar el riesgo de complicaciones más severas y posiblemente fatales<sup>1</sup>

### • Depresión respiratoria

Respiración lenta, superficial o ausente  
Fluye menos oxígeno al cerebro y a otros órganos vitales, ocasionando el colapso del organismo

### • Alto riesgo de adicción y dependencia

Las benzodiacepinas pueden aumentar el efecto eufórico asociado con los opiáceos

### • Sedación excesiva

Aumenta el riesgo de caídas si está de pie, de quedarse dormido mientras conduce o posibilidad de inducir un coma

## FACTORES QUE AUMENTAN EL RIESGO

- Edad<sup>1</sup>
- Uso del alcohol
- Dosis altas<sup>3</sup>
- Comprar estos medicamentos recetados en línea

## ESTADÍSTICAS

Las personas que surten recetas tanto de un opiáceo como de benzodiacepina tienen 15 veces mayor riesgo de muerte<sup>2</sup>

Actualmente en los Estados Unidos mueren más personas por sobredosis accidentales de fármacos que de accidentes automovilísticos<sup>4</sup>

A un 40% de los pacientes que toman opiáceos para dolor crónico también se les recetan benzodiacepinas, lo cual aumenta el riesgo de sobredosis accidental<sup>5</sup>

## RESUMEN

**Estos medicamentos pueden ser seguros cuando se usan como se los recetaron y para un propósito legítimo**  
Las benzodiacepinas deben utilizarse durante el tiempo más corto posible o no más de 4 a 6 semanas<sup>6</sup>

**Si conoce a alguien que lucha con la adicción a cualquiera de estos medicamentos**

Hable con un médico para determinar el mejor plan de recuperación

**Si usted está tomando alguno de estos medicamentos, hable con su médico antes de suspender el medicamento**  
El suspender cualquiera de estos medicamentos demasiado rápido puede causar síntomas serios

### References

1. Network DA. The DAWN report. *Opiate-Related Drug Misuse Deaths in Six States*. 2003.
2. Peirce GL, Smith MJ, Abate MA, et al. Doctor and pharmacy shopping for controlled substances. *Medical care*. 2012;50(6):494-500.
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