



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

Policy Number	507
Policy Title	Prescription of Benzodiazepines
References	
Form	Scheduled Medication Treatment Contract (English and Spanish)
Effective	November 25, 2015 Revised: June 23, 2017

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2 Policy

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4 Benzodiazepines, "Benzos," are a class of psychoactive drug. Benzodiazepines have been shown
5 to be useful in treating anxiety, insomnia, agitation, seizures, muscle spasm, and alcohol
6 withdrawal. Generally, benzodiazepines are viewed as safe and effective for short-term use.
7 Concerns of adverse psychological and physical effects are among concerns of long-term use.

8

9 The purpose of this policy is to provide clear guidelines for the prescription of benzodiazepines in
10 our clinics.

11

12 1. *Alprazolam (Xanax)*

13 Alprazolam is **not** prescribed by our Clinics due to:

14

A. Xanax enters the brain very rapidly and this has been shown to increase the risk of
15 becoming addicted.

16

B. Xanax can often make anxiety worse in between doses as its levels in the brain. This
17 effect is called rebound anxiety.

18

a. The rebound anxiety often caused by Xanax may also increase the likelihood that
19 patients will require higher doses and become more dependent over time.

20

21 2. *Benzodiazepines*

22

A. Benzodiazepines and benzodiazepine agonists, such as Ambien, are **not** prescribed to
23 individuals who have had difficulties with alcohol or illicit substances within the past year.
24 The reason for this is that studies have demonstrated that patients with recent alcohol or
25 drug addiction have a higher risk of relapse if started on a benzodiazepine or
26 benzodiazepine agonist.

27

B. A benzodiazepine contract, which provides rules for safely using a benzodiazepine or
28 benzodiazepine agonist, must be signed and followed by the patient to start and continue
29 treatment with a benzodiazepine. The reason for this is that benzodiazepines can cause
30 significant harm, including death, if not taken correctly or combined with illicit drugs. Both
31 the physician and patient must agree on safe prescribing practices.

- 32 C. Random drug testing is required for treatment with a benzodiazepine or benzodiazepine
33 agonist. The reason for this is that when benzodiazepines are combined with alcohol,
34 narcotics, or other sedatives they can cause the breathing center in the brain to shut down
35 and result in death.
- 36 D. Benzodiazepines or benzodiazepine agonists should not be prescribed to patients taking
37 an opioid narcotic. Refer to [MCBH benzodiazepines and opioid co-prescribing protocol](#).
38 When initiating a benzodiazepine or opioid taper for a patient being co-prescribed these
39 medications, physician should prescribe a [naloxone rescue kit](#) to help prevent overdoses.
- 40 E. Benzodiazepines should not be combined with other benzodiazepines e.g. Klonopin with
41 Librium or with benzodiazepine agonists. The reason for this is that studies have not
42 demonstrated safety or effectiveness for combining two different benzodiazepines.
- 43
44

45 Procedure

- 46
- 47 1. Risks and side effects should be reviewed, including the risk of dependence.
 - 48
 - 49 2. At the initiation of treatment, the physician shall advise the patient regarding the duration of
50 treatment as some patients may have difficulty with discontinuing the medication at the end of
51 treatment.
 - 52 a. Random drug testing should be explained, including expectations for treatment
53 following a “failed” drug test.
 - 54 b. The treatment contract should be explained and signed by both, the patient and the
55 physician
 - 56 3. Exit strategies shall be discussed and care should be taken when tapering or discontinuing
57 treatment.
 - 58
 - 59
 - 60

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Scheduled Medication Treatment Contract

I, _____ (patient's name) agree to undergo medication management with
Dr. _____ (physician's name).

I agree to the following statements:

- I will not take any mind/mood altering/illicit/addicting drugs unless authorized by Dr. _____ (physician's name)
- I will submit my urine and/or blood specimen for alcohol and drug tests at any time requested
- If a urine or blood screen is positive, I will participate in treatment for substance abuse
- I will not accept any stimulant or benzodiazepine prescriptions from another doctor

I understand that not adhering to the contract may result in Dr. _____
modifying the treatment plan, including referring me to another provider with greater expertise in
substance abuse, and discontinuation of medications.

Patient or Guardian Signature

Date

Physician Signature

Date

CLIENT ID _____

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Contrato de Tratamiento de Medicación Programada

Yo, _____ (nombre del paciente) estoy de acuerdo a la administración de medicamento con Dr. _____ (nombre del médico).

Estoy de acuerdo con las siguientes afirmaciones:

- No tomaré ninguna droga que me alterar la mente e humor/ilícito/adictivo a menos que sea autorizado por el Dr. _____ (nombre del médico)
- Someteré mi muestra de orina o sangre para pruebas de alcohol y drogas cuando sea requisito
- Si un examen de orina o sangre resulta positiva, participaré en tratamiento de abuso de sustancias
- No aceptaré cualquier estimulante o benzodiacepina prescrito por otro doctor

Entiendo que si no adhiero al contrato puede resultar en que el Dr. _____ modificando el plan de tratamiento, incluyendo una referencia a otro proveedor con mayor experiencia en abuso de sustancias, y la discontinuación del medicamento.

Paciente o tutor legal Firma

fecha

Firma del médico

fecha

CLIENT ID _____