Xanax and other benzodiazepines raise new worries in Ventura County

Tom Kisken  Updated 12:37 a.m. PT May 6, 2018

As anxiety about opioid deaths in Ventura County storms on, health and law enforcement leaders worry, too, about the pills that serve as second punch, sidekick and accessory.

“Xanax is probably the hottest thing on the (street) market aside from heroin and fentanyl,” said Ventura County Sheriff’s Office Sgt. Matt Young, citing instances where pills are brought in from China, laced with a street opioid and sold as a black market version of the drug. “Sometimes, they’re deadly.”

Xanax is not an opioid but is part of a family of sedatives, hypnotics and muscle relaxants called benzodiazepines often used to treat anxiety, seizures and insomnia. The group also includes Valium, Ativan and Librium.

Of Ventura County’s 165 fatal overdoses last year, benzodiazepines were involved in 34, up from 20 in 2016. By comparison, heroin was involved in 37 deaths last year, according to medical examiner’s data.

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Fentanyl, one of the most lethal opioids, contributed to 22 deaths.
Fears about how and when doctors prescribe benzodiazepines and their rise as a street drug revolve around the use of pills in a **deadly tandem** with heroin, fentanyl or other opioids.

In almost all of the 34 deaths last year, benzodiazepines were used with another substance, said Dr. Christopher Young, Ventura County’s chief medical examiner.

“You rarely see an overdose from benzodiazepine alone,” said Young. “It’s a compound effect.”

Benzodiazepines have been around since the 1960s, allegedly inspiring the Rolling Stones’ song, “**Mother’s Little Helper**.”

Users may like the drugs because they’re sedatives that act like alcohol. They bring a euphoric rush but may also counter feelings of mania or sleeplessness, said Dr. Tipu Khan, an addiction specialist at Ventura County Medical Center.

Doctors prescribe the pills because they act quickly and provide a temporary bridge from severe anxiety and panic attacks.

Of the 1.2 million narcotic prescriptions written in Ventura County in 2012, more than 400,000 involved benzodiazepines, according to data from the Ventura County Behavioral Health Department.

The largest proportion of the benzo prescriptions was for alprazolam, the generic name for Xanax.

“It’s not unusual that you would offer it because it actually works,” said Dr. Brian Taylor, a psychiatrist who serves as medical director for adult services in Ventura County Behavioral Health and was co-leader of a project on alprazolam prescribing.

The drugs are not considered highly lethal alone. But they can exponentially
increase the risk of overdose when mixed with opioids.

Opioids can affect the brain’s ability to tell the body to breathe. Xanax and other sedatives can relax airway muscles. The one-two punch explains why benzodiazepines are rarely the sole player in an overdose.

“If you had someone who just overdosed on benzodiazepines, I would bet it’s suicide,” Young said.

Taylor and his colleague, Dr. Celia Woods, led a project aimed at making sure alprazolam was being prescribed safely throughout the Ventura County Health Care Agency. They recommended that doctors use a statewide CURES 2.0 database that indicates when patients are being prescribed a dangerous combination by different doctors.

They encouraged doctors make sure patients know about possible alternatives as well as risks of benzodiazepine. They suggested written contracts with patients.

The psychiatrists recommended the drugs be used only for a period of weeks in an effort to supplant what can become a permanent crutch. Report cards were compiled showing how different providers prescribed alprazolam.

Reviewed at a national drug summit earlier this year, the program helped reduce the amount of alprazolam prescribed throughout Ventura County Behavioral Health. An audit in 2014 suggested about 4 percent of all medications used on patients involved alprazolam.

That rate fell to less than 0.5 percent earlier this year, according to another audit.

Now, Taylor and Woods are trying to make sure their message reaches not just psychiatrists but also primary care doctors who may prescribe benzodiazepines when these aren’t the best choice.
“What’s the easiest thing to do? ‘Here’s your prescription,’” said Taylor, adding that health systems must find ways to allow providers to spend more time with patients.

Woods said doctors need to help their patients realize that while medication can offer temporary relief, the way to deal with anxiety is to face it.

Dr. J. Paulo Carvalho, a family care doctor who operates clinics in Thousand Oaks and Camarillo, said many doctors changed their ways after a 2016 warning about mixing benzodiazepines and opioids from the U.S. Centers for Disease Control and Prevention.

“The majority of us are now in that camp,” he said of not mixing the drugs. “We weren’t like that a few years ago.”

Dr. Jeffrey Allan, a Camarillo gerontologist, said he’s always been careful, mindful not only of the mixture with opioids but also the increased risk of falling for older patients.

“I find generally that the medications are like putting a Band-Aid on a hemorrhage,” he said. “The problem still exists.”

Others worry that the pendulum will swing too far and dissuade doctors from prescribing an effective drug in any instance.

“Benzodiazepines are generally a safe medicine that can be helpful with anxiety,” said Dr. Ronald C. Thurston, a Camarillo psychiatrist, citing how the attention garnered by opioid abuse has pushed doctors away from prescription painkillers. “The physician tends to back away from scrutiny.”

Others worry about the opposite dynamic, suggesting the reluctance of doctors to prescribe opioids will make them more apt to use benzodiazepines.

“Patients are finding themselves asking for benzos instead,” said Khan, of Ventura County Medical Center. He worries that the use of the sedatives,
amphetamines like Adderall and Ritalin and street drugs like methamphetamine will continue to rise.

“I think that’s going to be our next big epidemic,” he said.