

# **Submission to the House of Representatives Standing Committee on Family and Community Affairs**

## **Inquiry on Substance Abuse in Australian Communities**

**From Gwenda Cannard**

**Director**

**TRANX(Tranquilliser Recovery and New Existence)Inc.**

**PO Box 186**

**Burwood 3125**

**Tel: 03 9889 7355**

**Fax: 03 9889 1022**

**Email: [tranx@alphalink.com.au](mailto:tranx@alphalink.com.au)**

### **Description of TRANX:**

The mission of TRANX is to provide a specialist service in order to most effectively assist people with problems associated with the use of benzodiazepines (tranquillisers and sleeping pills) and to advocate for appropriate prescribing of these drugs. TRANX has a national and international focus and provides a state wide service in Victoria. TRANX has a strong consumer focus. TRANX. is a non-profit organisation established in 1986.

TRANX functions in three main areas:

- Treatment. The treatment program aims to assist people to reduce their drug intake and become drug-free, and to support them through the withdrawal process. This involves non-residential withdrawal support provided through one to one counselling, telephone support and the use of resources such as books and tapes. Treatment is also provided for analgesic dependency. A major program area is the provision of counselling treatment for anxiety disorders (Panic and Anxiety Disorders Assistance). Specialist counselling is also provided for insomnia.
- Advisory and resources centre. This operates for health practitioners and members of the community. Services include case management advice, information, books, booklets, posters, relaxation tapes and a literature file.
- Education, training and prevention. Workshops and speaking engagements on tranquillisers, anxiety disorders and related topics are provided to the community. In-service training is provided to doctors, nurses, community health practitioners, mental health practitioners, alcohol & drug practitioners and other health and welfare practitioners. Relaxation, stress management and sleep improvement courses are provided. Resources have been produced in response to perceived problems with older people and sleeping pill use, young homeless people and youth workers, sedative use in nursing homes and hostels and high benzodiazepine use among specific migrant groups. TRANX is also involved in the broader issues of consumer education and information in respect to pharmaceuticals and Quality Use of Medicines.

**Health issue:**

The benzodiazepine group of drugs (tranquillisers and sleeping pills) were widely prescribed when they first came onto the market in the early 1960's, so much so, that at one time, Valium was the most popular drug ever developed.

In spite of early warnings of the possible risks of dependency on this group of drugs, they continued to be widely prescribed and accepted in the community. Prescribing was often for what were deemed to be social problems, such as grief or divorce, rather than medical conditions. By the early 1980's it became clear that many people, particularly women and older people, had indeed become dependent on small doses of these drugs, taken for a number of years.

Dependency on benzodiazepines is particularly problematic because of the withdrawal syndrome experienced by people coming off these drugs. The withdrawal syndrome is not only painful and debilitating but can last for many weeks or months.

In addition to the risk of dependency, the benzodiazepines have additional deleterious effects, particularly for older people. The risk of falls is significantly increased for older people, often resulting in hip fracture. Night time incontinence, impaired memory and concentration and increased depression are additional side effects.

Prescribing of the benzodiazepines decreased by approximately 20% from 1990 to 1994. Rather than a continuing decline, however, prescribing has now levelled out. (In 1997 prescribing was for 8.76 million prescriptions, compared with 8.75 million in 1994.) The 1995 National Health Survey found that nine out of ten people aged 65 years and over who were taking benzodiazepines had been using them for six months or more. Guidelines for prescribing (National Health & Medical Research Council, Royal Australian College of General Practice, National Prescribing Service) all recommend that benzodiazepines should be prescribed for no longer than two to four weeks in order to minimise the risk of dependency.. In spite of these guidelines and other initiatives, the benzodiazepines continue to be widely and inappropriately prescribed and used.

The main areas of current concern are:

1. The continued inappropriate prescribing of benzodiazepines long term, particularly for insomnia. Available research indicates that while GP treatment for anxiety has changed over the past few years, resulting in less benzodiazepine scripts written, the response for insomnia remains unchanged- the writing of a script for a benzodiazepine.
2. The continuing inappropriate treatment of anxiety disorders with benzodiazepines. Because of a number of influences on GP prescribing, including length of time of consultations and perceptions of consumer demand, the response to a highly anxious patient is usually the prescription of a benzodiazepine. Prescribing rates for Alprazolam, which is usually the benzodiazepine prescribed for anxiety, have increased each year, in spite of the fact that it is not on the P.B.S. Research shows that while benzodiazepines can reduce the symptoms of anxiety disorders, they are not effective in the long term. (Cognitive Behaviour Therapy is current best practice in this area.) In addition, there is the risk of dependency.

3. The continued inappropriate prescribing of benzodiazepines long term for older people(over 65). People over 65 receive the highest number of scripts for benzodiazepines, and women are prescribed at twice the rate to that of men. The over-use of benzodiazepines and other psychotropic drugs in residential aged care remains a concern.
4. The increase in heroin overdose and death. 737 Australians died from opiate overdoses in 1998, an increase of 23% from the previous year. Most of the deaths occurred in NSW (48.6%)and Victoria (28.5%).The majority of these deaths are as a result of use of other drugs as well as heroin, in particular alcohol and benzodiazepines.
5. The increase in use of benzodiazepines by injecting drug users. A recent study of injecting drug users reported that 64% had used benzodiazepines, 41% more than once a week. One third obtained their supplies exclusively through a doctor, 86% said they were easy to obtain, and 58% had given them away or sold them. Research shows that injecting drug users who also use benzodiazepines are more likely to engage in risky behaviours such as sharing needles and syringes.
6. The increase in benzodiazepine use by young people, and in particular, young people in the juvenile justice system. Reports from alcohol and drug practitioners indicate that young people are mixing benzodiazepines with alcohol and other drugs, taking extremely high doses of benzodiazepines at a time and selling benzodiazepines in order to buy heroin. The use of benzodiazepines by these young people increases their involvement in crime and makes them more vulnerable to violence and sexual assault. Availability is not a problem for these young people, who are obtaining scripts from G.P.'s. Some of these young people are as young as fourteen or fifteen years old.
7. The continued inappropriate and high prescribing of benzodiazepines to particular migrant groups. A needs study undertaken by TRANX indicated that certain groups had above average prescribing rates for benzodiazepines. These groups include Greeks, Italians, Vietnamese, Turkish, Arabic and Hungarian. These people are disadvantaged by the lack of information available in their languages of origin and the lack of treatment services.

**Intervention needed:**

Because of the range of people affected by benzodiazepine use, and the varying levels of use, intervention in this area needs to be comprehensive in order to adequately address the needs of all involved. The PHARM Committee(Pharmaceutical Health and Rational Use of Medicines) has produced a Plan to improve the use of benzodiazepines. (Quality Use of Benzodiazepines - an Implementation Plan).

TRANX fully supports the recommendations included in this plan, in particular:

- consideration of PBS changes such as reducing pack sizes to 5-10 doses /or 'authority only' scripts for benzodiazepines
- undertaking widespread promotion of prescriber and consumer information sheets
- addressing issues to prevent reckless prescribing by G.P.'s.

In addition, there is an urgent need for specialist withdrawal support services such as TRANX to operate in all states.