



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

**Submission to the Drugs and Crime
Prevention Committee
(Parliament of Victoria)**

**INQUIRY INTO THE MISUSE/ABUSE OF
BENZODIAZEPINES AND OTHER FORMS OF
PHARMACEUTICAL DRUGS**

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Summary of Recommendations

- 1) That the Victorian government locate funding for the investigation of questions related to the misuse of benzodiazepines and other pharmaceutical drugs; and that resources be specifically dedicated to investigating issues related to prevention, harm reduction, and treatment of misuse of pharmaceutical drugs among the elderly, women, CALD communities, and Indigenous communities.
- 2) That the Victorian Drugs and Poisons Unit and other relevant bodies consider extending the prescription monitoring program to monitor prescriptions of OxyContin and Ritalin.
- 3) That statistical data be gathered concerning the social and criminal harms associated with the misuse of pharmaceutical drugs; and that this data be used to inform the development of Victorian government alcohol and other drug policy.
- 4) That ethnographic research which is mindful of the heterogenous nature of those who misuse pharmaceuticals is required to underpin effective policy formation relating to the misuse of pharmaceutical drugs.
- 5) That the Victorian Government collaborate with key stakeholders to develop guidelines to help pharmaceutical companies assess the abuse potential of new pharmaceutical drugs.
- 6) That the Medicare “Prescription Shopping” Project (HIC) be continued, but be modified to focus on problematic prescribing practices instead of patient behaviour.
- 7) That the Drugs and Crime Prevention Committee recommend that the Victorian Government establish, as part of its Whole of Government Alcohol and Drug Abuse Prevention Strategy, a body to systematically develop educational and training materials designed to prevent misuse of pharmaceutical drugs, and to preventively reduce the harms associated with misuse of pharmaceutical drugs. Specific training and educational materials should be developed for:
 - current misusers of pharmaceutical drugs;
 - potential misusers of pharmaceutical drugs;
 - specific social groups/communities;
 - dispensers of pharmaceutical drugs (GPs and pharmacists);
 - generalist AOD treatment services;
 - mental health workers; and
 - generalist health workers.
- 8) That the Victorian government locate funding to dedicate to research developing the evidence base for treatment for misuse of pharmaceutical drugs.
- 9) That AOD treatment agencies be provided with resources to expand their delivery of services related to misuse of pharmaceutical drugs, especially in rural and regional areas.

- 10) That funding be provided for AOD treatment agencies specialising in the treatment of misuse of pharmaceutical drugs, and/or in the treatment of families of drug users, to develop treatment and support programs for family members of misusers of pharmaceutical drugs.

The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy and program development and public discussion

Background

VAADA welcomes the opportunity to respond to the Inquiry into the Misuse/Abuse of Benzodiazepines and Other Pharmaceutical Drugs conducted by the Drugs and Crime Prevention Committee. We note that since the Interim Report¹ was published

- The International Narcotics Control Board (INCB) has released data indicating
 - That misuse of pharmaceutical drugs continues to increase worldwide
 - That misuse of pharmaceutical drugs now exceeds misuse of illicit drugs in some regions²
- Analysis of Turning Point ambulance surveillance data has indicated
 - That in Melbourne between February 2005 and February 2006 ambulance staff attended twice as many overdose incidents caused by misuse of pharmaceutical drugs as overdose incidents caused by misuse of illicit drugs³
- Consultations with sections of our membership have indicated
 - That increasing numbers clients are accessing treatment and harm reduction services for problems related with misuse of pharmaceutical drugs
 - That increasing numbers of clients are manifesting greater complexity associated with polydrug use, which often involves misuse of pharmaceutical drugs

In light of this data and the data presented within the Interim Report, VAADA believes that misuse of benzodiazepines and other pharmaceutical drugs presents a serious and ongoing problem within Victoria.

VAADA therefore welcomes the Victorian government's inquiry into the misuse of benzodiazepines and other pharmaceutical drugs, and the opportunity it presents for responding to the harms associated with misuse of these drugs. By making a submission in response to the Inquiry, VAADA hopes to highlight the importance of addressing the harms associated with misuse of pharmaceutical drugs.

VAADA's submission will for the most part comprise a response to the "questions to be considered" attached to the conclusions of chapters 3 – 9 of the Interim Report.

Issues under consideration and recommendations

Extent of Use and Misuse of Pharmaceutical Drugs

VAADA considers that the current available data on misuse of benzodiazepines and other pharmaceutical drugs has led to the implementation of strategies that have had some success in minimising some of the harms associated with misuse of pharmaceutical drugs.

¹ DCPC, 2006.

² INCB, 2006.

³ Hall & Cowan, 2007.

These policies include the withdrawal of temazepam gel capsules from sale, prescription monitoring programs, and the implementation of prescribing policies in hospitals.

However, while current data supports the current responses to the misuse of pharmaceuticals, there are still large information gaps around the misuse of pharmaceutical drugs among a broad range of population groups, and what the associated harms for those groups may be. Accordingly, VAADA fully supports a range of focused research projects aimed at gauging extent of misuse of pharmaceutical drugs among the elderly, and among Indigenous and CALD communities.

VAADA notes that misuse of pharmaceuticals, especially the benzodiazepines, is common among older members of the community. It is possible that some of the harms associated with misuse of benzodiazepines may have more serious consequences for the elderly than other members of the community. These harms include:

- Psychomotor impairment (could contribute to risk of falls and accidents)
- Amnesia (could exacerbate loss of memory and confusion)
- Depression of central nervous system (could heighten risk of pneumonia and infections)

Given the ageing population base in Australia, VAADA considers that misuse of benzodiazepines and other pharmaceutical drugs among the elderly could pose a serious public health problem in the near future. VAADA considers that research could be directed at examining misuse of benzodiazepines and other pharmaceutical drugs among the elderly, particularly addressing issues such as

- Prescription practices associated with prescribing benzodiazepines to the elderly, particularly the elderly in residential care
 - Whether these prescribing practices should be changed to reduce prescription of benzodiazepines to the elderly, or whether a general overhaul of prescribing practices would prove more effective
- Whether the physiological harms associated with misuse of benzodiazepines (and other pharmaceutical drugs) have an especially detrimental effect on the elderly
- The effects of misuse of benzodiazepines and other pharmaceutical drugs in the contexts of
 - Co-morbidity of medical conditions associated with ageing
 - Misuse of multiple pharmaceutical drugs
- Whether targeted education programs would effectively help reduce health risks associated with misuse of pharmaceutical drugs among the elderly

There is limited research regarding the extent of misuse of benzodiazepines and other pharmaceutical drugs within Victorian CALD communities. However, anecdotal evidence VAADA has received from its membership suggests that misuse of pharmaceutical drugs is commonplace among these population groups. VAADA considers that research is needed to examine the misuse of benzodiazepines and other pharmaceutical drugs among CALD and Indigenous communities. Specifically it should examine issues such as:

- Harms related to stigma associated with misuse of pharmaceutical drugs

- Problems associated with delivering education, prevention, and treatment services to CALD communities
- Complications arising from misuse of pharmaceutical drugs in a context of polydrug use

In light of all the above, VAADA recommends

Recommendation 1:

That the Victorian government locate funding for the investigation of questions related to the misuse of benzodiazepines and other pharmaceutical drugs; and that resources be specifically dedicated to investigating issues related to prevention, harm reduction, and treatment of misuse of pharmaceutical drugs among the elderly, women, CALD communities, and Indigenous communities.

Comments from VAADA's membership suggest that a large number of clients are currently seeking treatment for needs resulting from misuse of OxyContin and Ritalin. Accordingly, VAADA recommends

Recommendation 2:

That the Victorian Drugs and Poisons Unit and other relevant bodies consider extending the prescription monitoring program to monitor prescriptions of OxyContin and Ritalin.

Adverse Consequences of Pharmaceutical Drug Misuse

VAADA considers that the withdrawal of temazepam gel capsules from the market has been effective in reducing harms among injecting drug users. We believe that the successful elements of this strategy could be incorporated into future harm reduction strategies directed at pharmaceutical drug misuse:

- That prevention strategies are most effective when targeted at the earliest possible stage of the supply-and-demand process
 - That first plank of any harm reduction strategy should focus (although not exclusively) on preventing and reducing the supply of pharmaceutical drugs to the community.
- That strategies should be mindful that the activities of pharmaceutical companies, especially in designing and promoting pharmaceutical drugs, can have a strong influence on patterns of misuse of pharmaceutical drugs
- That Government should collaborate with pharmaceutical companies when developing strategies to prevent misuse of pharmaceutical drugs
- That Government and pharmaceutical companies should acknowledge that all pharmaceutical drugs that have psychoactive effects have potential for diversion and should plan to minimise the misuse of these products within the community

VAADA notes that there is little statistical data available examining the social and criminal impact of misuse of pharmaceutical drugs in Victoria. We believe that effective policy is dependant on accurate and relevant data. Such data could

- Help policy makers contextualise responses to the misuse of pharmaceutical drugs relative to those aimed at the misuse of alcohol and other drugs
- Help policy makers assess the value of responding to misuse of pharmaceutical drugs relative to the value of responding to other health and welfare problems
- Help policy makers target responses to misuse of pharmaceutical drugs by allowing them to respond to the greatest harms to drug users and to the community more widely
- Help policy makers in the Mental Health & Drugs Division coordinate their work with policy makers in other government departments

VAADA therefore recommends

Recommendation 3:

That statistical data be gathered concerning the social and criminal harms associated with the misuse of pharmaceutical drugs; and that this data be used to inform the development of Victorian government alcohol and other drug policy.

VAADA considers that the following factors should be taken into account when gathering statistical data relating to the social and criminal harms associated with misuse of pharmaceutical drugs:

- That misuse of pharmaceutical drugs often occurs in a context of polydrug use and it would require careful analysis to distinguish the harms associated with one drug from another.
 - It may be the case that cultures/patterns of polydrug misuse (including pharmaceuticals) will be best explained by qualitative research
- That many of the harms associated pharmaceutical misuse impact through family and relationship breakdown. Given the difficulty of quantifying some of these harms,
 - It may be the case that these sort of harms are best understood through qualitative rather than quantitative research

Reasons for Use and Methods of Access to Misused Pharmaceutical Drugs

VAADA recognises that strategies designed to minimise the misuse of pharmaceuticals have been developed without an understanding of why people misuse these drugs, of how they access them, or in what context they are used. VAADA acknowledges the success of some of these strategies.

However, VAADA also acknowledges that many of the harms associated with the misuse of pharmaceutical drugs remain unaddressed. We consider that a more accurate and detailed understanding of the ways in which pharmaceutical drugs are misused could inform strategies to address these harms.

VAADA therefore believes that any comprehensive strategy to address misuse of pharmaceutical drugs must be underpinned by a thorough ethnographic understanding of those who misuse pharmaceutical drugs. Accordingly, VAADA recommends

Recommendation 4:

That ethnographic research which is mindful of the heterogenous nature of those who misuse pharmaceuticals is required to underpin effective policy formation relating to the misuse of pharmaceutical drugs.

Legal, Regulatory and Prescription Issues

VAADA considers that a good general principle in guiding regulatory responses to the misuse of pharmaceutical drugs is that they should be proactive rather than reactive and should consider the impact new pharmaceuticals may have on the community before they are released.

Such a strategy would aim to

- Provide pharmaceutical drugs in a form that
 - Minimises misuse
 - Minimises tension/discrimination between dispensers and consumers
 - Would help standardise dispensing practices across Victoria

VAADA considers that any coordination of activities designed to control misuse of pharmaceutical drugs should be conducted within a public health model.

VAADA believes that ideally pharmaceutical companies should provide an assessment of the abuse potential when developing/releasing new pharmaceutical drugs. We acknowledge that this is a complex task, and will need clear and thorough guidelines to facilitate it. VAADA therefore recommends

Recommendation 5:

That the Victorian Government collaborate with key stakeholders to develop guidelines to help pharmaceutical companies assess the abuse potential of new pharmaceutical drugs.

The guidelines would consider

- Whether ingredients of any new pharmaceutical products are currently associated with misuse
- Whether component ingredients of any new pharmaceutical products have properties that would make them likely to attract misuse (are psychoactive, analgesic, addictive, etc)
- Encourage the design of new pharmaceutical products that contain ingredients less likely to attract misuse, specifically assisting them to
 - Avoid product designs associated with misuse, such as
 - Easily injectable substances, including gels, liquids, soluble powders
 - Large dosage sizes
 - Leading information on package inserts
 - Select product designs likely to deter misuse, such as
 - Including antagonist substances within the product, where feasible
- Designing promotional materials for new pharmaceutical products that do not facilitate or encourage product misuse

VAADA recognises that drug re-formulation is not a panacea to the misuse of pharmaceutical drugs, but needs to be delivered as part of a holistic approach that includes:

- continued monitoring of commonly misused pharmaceutical drug
- the rescheduling of problematic pharmaceutical drugs
- the training of those who work with pharmaceutical drugs

VAADA believes that monitoring of commonly misused pharmaceutical drugs must take the following principles into account:

- All monitoring programs should focus on collecting information about prescribing practices, rather than on building dossiers on patients
- Monitoring programs should avoid making dispensers generally suspicious of patients seeking treatment by the use of benzodiazepines and other commonly misused pharmaceutical drugs
- All monitoring programs should avoid stigmatising patients whose treatment may include the use of benzodiazepines and other commonly misused pharmaceutical drugs
- Monitoring the pressures on prescribers, including but not limited to standover tactics from 'doctor shopping' patients
- Monitoring the impact that promotions by pharmaceutical companies have on how prescribers prescribe drugs
- Patients must be informed that, by filling a prescription for monitored pharmaceutical drugs, they will enter a monitoring program
- Any prescription monitoring program must be subject to regular review
- Medical professionals prescribing monitored pharmaceuticals must have free access to relevant information from the monitoring program's database
- Over-prescribers identified by the monitoring program must be required to undertake training in proper prescription of commonly misused pharmaceutical drugs. If over-prescribing continues, these dispensers should be subject to a graduated scale of sanctions
- 'Doctor shopping' patients identified by the monitoring program must be provided with counselling or other support to help them change their behaviour. If doctor shopping continues, these patients should be subject to a graduated scale of sanctions

VAADA therefore recommends

Recommendation 6:

That the Medicare "Prescription Shopping" Project (HIC) be continued, but be modified to focus on problematic prescribing practices instead of patient behaviour.

Information, Education, and Harm Reduction

VAADA considers that where health responses may involve the prescription of drugs that have the potential for misuse, education around health issues is a key element in harm minimisation strategies around pharmaceutical drugs.

Education might consider:

- An understanding of what falls within the average range of experience; for example, different individuals may need between 6 to 10 hours' sleep per night

- The cause and effects of particular health issues
- Non pharmaceutical treatment alternatives

The following are examples of what issues education might address in relation to three commonly misused types of pharmaceutical drugs:

- **Benzodiazepines:** broad-based community education could focus on informing people about
 - The causes of anxiety and sleep disorders
 - The range of normal sleep patterns, and variations in natural sleep patterns, including those associated with ageing
 - The usefulness of relaxation techniques and counselling in dealing with anxiety and sleep disorders
- **Narcotic analgesics:** broad-based community education could focus on informing people about
 - The physiological causes of pain
 - How to deal with pain through rest, relaxation, chiropractics, and other non-pharmaceutical methods
- **Ritalin:** broad-based community education could focus on informing people about
 - The causes of ADHD
 - How to deal with children's ADHD through behaviour management techniques
 - Accessing counselling services for children
 - What non-ADHD-related childhood behaviours can appear to be symptoms of ADHD, and how to deal with these behaviours

Materials could be given out to all patients who are prescribed commonly misused pharmaceuticals, informing them about

- Risks and side effects associated with their medication (including risk of addiction)
- Correct dosage, including information about correct length of treatment
- Alternative methods of dealing with symptoms

VAADA considers that the relevant stakeholders could be drawn together to be involved in developing these materials.

VAADA also believes that targeted education programs should be aimed at those who misuse, or potential misusers of, pharmaceutical drugs.

Education initiatives targeted at current and potential misusers of pharmaceutical drugs should:

- Include materials targeted at patients who have been identified through monitoring programs as at risk of pharmaceutical misuse

Materials aimed at these groups should include information about:

- Withdrawal, its complexities, and how to deal with it
- The legal status of those who misuse pharmaceutical drugs
- Harm reduction techniques
- Availability and appropriateness of treatment and harm reduction services

- Coping strategies for polydrug users

On the basis of research evidence⁴, VAADA believes that education-based prevention initiatives are more effective when targeted at specific population groups, rather than at the population generally. Therefore, we believe that education around the misuse of pharmaceutical drugs should be

- Targeted at specific population groups, including
 - CALD communities
 - People in residential aged care
 - Injecting drug users
 - Those suffering chronic pain
 - Those suffering from post-traumatic stress
- Delivered through GPs, pharmacists, and other potential dispensers of pharmaceutical drugs
 - VAADA considers that GPs and pharmacists are ideally situated to deliver education and other brief interventions on the issue of misuse of pharmaceutical drugs
- Conducted in collaboration with communities, where
 - Specific, respected members of communities are involved
 - Resources are given to the community to support it in delivering education to its members

VAADA also believes that dispensers of pharmaceutical drugs, AOD treatment staff, mental health workers, and generalist health workers will be more effective with increased education/training around preventing pharmaceutical drug misuse.

Educational materials and training should be provided for those who prescribe/dispense drugs, and should include:

- How to reduce levels of dispensing commonly misused pharmaceutical drugs
- Alternative pharmaceutical remedies, or non-pharmaceutical alternatives for conditions treated with commonly misused pharmaceutical drugs
- Information on referral pathways to counselling services and other non-pharmaceutical remedies for patients
- How to manage the prescription of commonly misused drugs to polydrug users
- Prescribing within a residential aged care setting
- Upskill prescribers/dispensers to deliver information about misuse of pharmaceutical drugs
- How to manage withdrawal of patients who misuse pharmaceutical drugs
- How to diagnose misuse of pharmaceutical drugs in patients
- Techniques to deal with patients diagnosed as misusing pharmaceutical drugs in a sensitive and appropriate manner
- Training on how to avoid stigmatising patients generally who seek treatment by benzodiazepines and other commonly misused pharmaceutical drugs
- Referral pathways to AOD treatment services that specialise in treating misuse of benzodiazepines and other pharmaceutical drugs
- Information about referral pathways to harm reduction services that assist people who misuse pharmaceutical drugs

⁴ Cuijpers, 2003.

Educational materials and training for generalist AOD treatment staff should include:

- General information about the misuse of pharmaceutical drugs
- The role misuse of pharmaceutical drugs may play in polydrug use
- How to identify misuse of pharmaceutical drugs in clients
- Referral pathways to AOD treatment services that specialise in treating the misuse of pharmaceutical drugs
- Referral pathways to harm reduction services that assist people who misuse pharmaceutical drugs

Educational materials and training for mental health workers and generalist health workers should include:

- General information about the misuse of pharmaceutical drugs
- Information about conditions that may be associated with misuse of prescription drugs, eg conditions involving chronic pain, anxiety disorders
 - VAADA notes that this sort of information would need to be presented in a form that did not encourage stereotyping of or discrimination against patients with these conditions
- How to identify misuse of pharmaceutical drugs in clients
- Referral pathways to AOD treatment services that specialise in treating misuse of benzodiazepines and other pharmaceutical drugs
- Referral pathways to harm reduction services that assist people who misuse pharmaceutical drugs

VAADA notes that many stakeholders would need to be involved in the development of the training and educational materials, and that research and data gaps would need to be addressed before the development of educational materials.

In light of all the above, VAADA recommends

Recommendation 7:

That the Drugs and Crime Prevention Committee recommend that the Victorian Government establish, as part of its Whole of Government Alcohol and Drug Abuse Prevention Strategy, a body to systematically develop educational and training materials designed to prevent misuse of pharmaceutical drugs, and to preventively reduce the harms associated with misuse of pharmaceutical drugs. Specific training and educational materials should be developed for:

- current misusers of pharmaceutical drugs;
- potential misusers of pharmaceutical drugs;
- specific social groups/communities;
- dispensers of pharmaceutical drugs (GPs and pharmacists);
- generalist AOD treatment services;
- mental health workers; and
- generalist health workers.

Treatment Responses

Given the general lack of knowledge about efficacy of treatments for misuse of pharmaceutical drugs⁵, VAADA recommends

Recommendation 8:

That the Victorian government locate funding to dedicate to research developing the evidence base for treatment for misuse of pharmaceutical drugs.

VAADA notes that many Victorians, particularly but not exclusively those living in rural and regional areas, experience difficulty in accessing existing AOD treatment agencies specialising in treating misuse of benzodiazepines and other pharmaceutical drugs. Accordingly, VAADA recommends

Recommendation 9:

That AOD treatment agencies be provided with resources to expand their delivery of services related to misuse of pharmaceutical drugs, especially in rural and regional areas.

As noted earlier in this submission, it appears that much of the social harm associated with misuse of pharmaceutical drugs manifests as damage to the misusers' social networks, or strains suffered by the families of misusers. Accordingly, VAADA recommends

Recommendation 10:

That funding be provided for AOD treatment agencies specialising in the treatment of misuse of pharmaceutical drugs, and/or in the treatment of families of drug users, to develop treatment and support programs for family members of misusers of pharmaceutical drugs.

⁵ DCPC, 2006.

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