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Treating Benzodiazepine Dependency, Anxiety, Insomnia, and Depression
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A Holistic Approach to Treating Benzodiazepine Dependence: *a Focus on Regional Victoria*

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Presentation Overview

Reconnexion's Treatment Approach

- A collaborative and dual-diagnosis framework

Rural and Regional Project

- Our objectives and strategy to connect with regional services

Lessons Learned: Enhancing collaboration and cross-sector engagement

- AOD services
- GP perspectives on working with AOD services (barriers and enablers)
- Future steps to support enhanced collaboration across sectors

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Our Treatment Approach

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Treating Benzodiazepine Dependency

A client-centred, collaborative approach to safely taper benzodiazepine & z-drugs

Over 60% of our clients are self-referred, yet their motivation and readiness to reduce is often varied. We emphasise:

- → Treatment ordering and assessing the appropriateness of community-based withdrawal
- → Establishing the prescriber's role (GP or psychiatrist) and agreement to collaborate
- → Define goals of treatment related to medication use, mental health, and quality of life (i.e., relationships, work, physical health); *key to maintaining motivation as withdrawal can take months or even years*
- → Building the client's internal resources in preparation for the reduction

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Treating Benzodiazepine Dependency

How we adapt our approach to regional and rural Victoria

- → Establish an agreement regarding our role and the limits to our work
- → Greater investment in care coordination (e.g., upskilling and educating other HCPs)
- → Ensure contingency and exit planning

BUT…

- → Higher rates of prescribing per capita and greater vulnerability of clients in these regions
- → Reconnexion has ongoing challenge of low referral rates
- → AOD COVID Workforce Initiative created opportunity for Reconnexion to respond to the inadequately met needs in regional and rural Victoria

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Our Rural and Regional Project

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Objectives and Implementation Plan

During our site visits we aimed to…

- → Understand the salience of benzodiazepine dependence across the state
- → Identify barriers to working with other AOD services and primary care
- → Provide resources and upskilling to AOD workers, GPs, and other healthcare providers

To achieve this we planned to…

- → Begin with PHNs, identify AOD catchments, and generate a list of AOD service providers and primary care clinics
- → Snowball networking opportunities in addition to scheduled visits
- → Build relationships through continued connection and service provision

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Lessons Learned and Recommendations

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Regional response to benzodiazepine dependence

How do AOD services and GPs respond at present?

→ AOD clinicians recognise issue of benzo dependence but report it is often unaddressed, unmanaged by prescribers, or not incorporated in treatment planning (is a latent issue)

→ GPs are consistently hesitant to start conversations about benzo dependence and expect patient resistance (despite evidence demonstrating the contrary)

→ GPs report a range of barriers:

- E.g., time, resources, confidence to deprescribe, lack of perceived benefits, managing specialist prescriptions, lack of training in benzo deprescribing

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Lessons learned and future steps

How to facilitate increased collaboration with primary care

- → Build relationships with Practice Managers both directly and through PHNs
- → Embed AOD referral proforma into medical prescribing software
- → Accessing GP audit, training, and prescribing software through PHNs (e.g., POLARGP)
- → Pilot zoom drop-in consultation sessions
- → Reconnexion is planning an implementation trial (2023-24) to pilot a more systemic approach to enhancing cross-sector collaboration (in collaboration with Deakin Uni)

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Thank you

Questions?

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