DAREBIN CITY COUNCIL: RESPONSE TO THE INQUIRY INTO THE MISUSE/ABUSE OF BENZODIAZEPINES AND OTHER FORMS OF PHARMACEUTICAL DRUGS IN VICTORIA

1. Examine the nature, extent and culture of the misuse/abuse of benzodiazepines and other forms of pharmaceutical drugs;

Prevalence/Extent

It is estimated that there were 2.4 million prescriptions for benzodiazepines in Victoria in 2001. In addition, there are around 2 million prescriptions for antidepressants and around 1 million prescriptions for opioid-based analgesics written each year in Victoria[1].

Between March 1998 and June 2001, ambulances attended to 689 "other drug" overdoses (i.e. other than heroin, heroin-related or alcohol). Only 62 of these cases involved illicit substances, with the majority involving medications notably the benzodiazepines, analgesics, antidepressants and antipsychotics. The majority of incidents occurred in Preston (207 cases) and Reservoir (210 cases). Across Darebin, the vast majority (71%) of 'other drug' overdoses occurred indoors in private spaces.[2] Medication misuse affects people of all ages, with rates of overdose consistent from the early 20s and amongst 30 years olds. In Darebin, medication misuse causes the greatest harm to 20 – 39 year olds.[2]

Women are at greater risk of harms from the unsafe use of medications. Medication use was prevalent amongst women who had experienced childhood sexual abuse and who had a history of family violence, both as a child and in current or recent relationships.[2]

Data collated for DAREBIN*safe*'s *Injury Profiles 2004* show a disturbing trend in the use of medications to assist suicide and self-harm attempts:

> There are over 300 presentations to hospital emergency departments each year for self-harm and suicide. Around 70% of attempts use medications. In Darebin, women are more likely to attempt suicide and are more likely to use medications in their attempts[3].

More recent data provided by Turning Point Alcohol and Drug Centre for May 2003 – April 2004, showed 298 overdoses due to "other drug" causes, at least 112 of which were benzodiazepine related (the rest were due to analgesics (60), antidepressants (64), and antipsychotics (36)). The majority occurred in Reservoir in Darebin's north (an area that faces significant socio-economic disadvantage). This was the highest in the Northern region, and higher than the recognised drug "hot spots" of Maribyrnong,

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[1] Turning Point Drug and Alcohol Centre, Literature Review for Women's Health West, December 2002

[2] Boyd, M (2003) *Final Research Report: Misuse of Pharmaceuticals Project*. Darebin and Moreland City Councils. November 2003.

[3] City of Darebin (2004). *Community Health and Safety Profiles*. Darebin City Council. June 2004.

Brimbank, Port Phillip and Greater Dandenong. Only Melbourne experienced more (484) overdoses in that annual period. The estimated median age was 32.5 years, although ages ranged from 1 – 79 years.

Nature of misuse
Research contacted in Darebin and Moreland in 2003 found six common types of medication misuse:

Medication mismanagement: Pharmaceutical misuse from taking the wrong medications, medications that do not interact together, or the wrong dosage

Over-medication: High level pharmaceutical use from treating all presenting health issues with medications

Inappropriate medication: The use of medications for all presenting health issues where other therapeutic options exist and are more effective

Self-harming misuse: The use of medications to cause self-harm, in suicidal ideation and to sedate oneself

Opportunistic misuse: The recreational use of medications for their intoxicating effect and in polydrug use.

Appendix Three of the ***Final Research Report Into Misuse Of Pharmaceuticals*** by Darebin and Moreland City Councils details evidence-based best practice and the policy context surrounding each type of medication misuse.

While this submission commends the ***Final Research Report*** to the Inquiry Panel, this submission focuses on self-harming misuse as this was the cause of a large number of overdoses by Darebin residents, and is particularly worrying given the lack of service supports.

Culture
Research conducted in Darebin and Moreland in 2002/03 found that contrary to local assumptions, the harmful impacts of benzodiazepines were felt by women who were not taking any other illicit substances. Medication-related overdose rates were some of the highest in the state and the Department of Human Services' provided research funds following the heroin drought of 2000, as it was considered that these overdoses could be a response to the lack of available heroin and the resultant harms from trying to increase the heroin high by using benzodiazepines. This theory was not borne out by the research, which instead found that – in particular – the women who were admitted to hospital or attended by ambulance were not using other substances at the time of their overdose.

Despite the taboo topic of drug overdose, and community silence on suicidal ideation, the researcher was able to make contact with a number of women who had overdosed on medications. The common themes for the majority of women contacted were a history of sexual abuse and/or family violence.

This submission has been prepared by the researcher who carried out this study on behalf of Darebin and Moreland Councils. Since that time, the researcher has continued working with Darebin City Council and as a result has built up a deeper understanding of the needs of residents facing medication misuse. The ***Final Research Report of the Darebin and Moreland Misuse of Pharmaceuticals Project*** is tabled separately, with its recommendations and findings still relevant today. This submission details further aspects which have become clear as the researcher has continued to work at the municipal level on substance-related harms.

This slightly disjointed approach is a product of the funding environment in which local government is limited in its ability to contribute to substance-related planning for local residents. As has been indicated in previous submissions to the Inquiry, local government is not funded for alcohol and drug planning, yet can play an integral role in facilitating local strategies to reduce substance-related harms. Key roles available to local government include data collection and dissemination at the local level, facilitating networks of service providers, conducting research, and responding to the social and structural determinants that improve health outcomes.

Responding to the needs of Aboriginal and Torres Strait Islanders is a good example of how the disjointed funding impacts on inequitable health outcomes. The medications research project was funded for one year. Anecdotal evidence from a number of Aboriginal agencies indicated that medication misuse – in particular medication mismanagement – was impacting significantly on Indigenous residents due to the high level of medications many Indigenous people are prescribed. However, working in partnership with Aboriginal agencies takes time and the building of trust that was not possible on a year long project that was broaching such personal subjects as overdose, sexual abuse, family violence, and polydrug use. One woman who identified as Aboriginal responded to an anonymous phone hotline held as part of the research.

In the two years since this research was conducted, the researcher has been able to build stronger links with Aboriginal agencies and has developed working relationships to respond to health inequalities faced by Indigenous residents in Darebin, but this has taken three years. As a result, the opportunity was missed to uncover the impact of medications, including benzodiazepines on Indigenous residents of Darebin and Moreland, and this is still a significant gap in available research.

RECOMMENDATIONS
There is a need for ongoing funding for local government's role in alcohol and drug strategic planning.

There is a need to address health inequalities facing Indigenous residents and a need to review funding for local governments to commit to relationship building in order to address health inequalities for Indigenous people.

As Darebin's research and interventions were only able to be conducted over one year – across the spectrum of medication-related harms – it was also necessary to prioritise

activities and project focus. Given that 60% of hospital admissions due to medication overdose were felt by women, and that there was an established health structure through which women could be contacted, research focused on understanding the impact of benzodiazepines on women who overdosed. Some attempts were made to contact men's health and support services but this yielded few opportunities for further investigation, and is again a consequence of sporadic funding that does not allow workers to build up a knowledge of a local area or to develop trust with local stakeholders. The needs of men in relation to benzodiazepines remains unclear.

RECOMMENDATIONS
There is a need for further research be carried out to identify the impact of benzodiazepines on men.

2. Examine the short and long term consequences/harms of the abuse/misuse of benzodiazepines and other forms of pharmaceutical drugs;

Benzodiazepines are insidious medications, as while they offer some relief from anxiety in their initial use, prolonged exposure exacerbates anxiety and increases depression. This is not always clear to the people taking the medications, who often feel that the rise in anxiety and depression is symptomatic of their own inability to cope and not an impact of the medication itself.

Interviews with women who had previously overdosed on benzodiazepines suggests a long-term pattern of prescribing and use prior to the overdose attempts.

3. Examine the relationship between benzodiazepines and other forms of pharmaceutical drugs and other forms of licit and illicit substance use;

While there is no doubt that benzodiazepines are used as part of polydrug use, this submission urges caution in assuming that this is where the bulk of harms occur. Darebin City Council encourages the Inquiry to contact VIVAIDS to discuss its heroin overdose programs and to uncover more data on the connection and resultant harms from people who "top up" their heroin with benzodiazepines in order to achieve a sufficient high. The availability of such a service once again draws attention to the gap for those who experience medication-related harms who are not illicit drug users, where no services exist.

Research with women locally found that some did use marijuana at times, while the bulk used only benzodiazepines or a mixture of benzodiazepines and alcohol. The overwhelming reasons indicated for women using benzodiazepines – in conjunction with alcohol or marijuana – was to avoid flashbacks from childhood sexual abuse, and adult pain from domestic violence:

> ***"My own use of sleeping pills increased over a period of time because I became dependent on them to actually get to sleep. The same applied to antidepressants. My alcohol intake increased from the age of 14 up until I was 39 years old. This was due to: sexual abuse as a child; an abusive relationship; divorce; being a sole parent; often not coping with life in general. The tablets and alcohol were used to block out the hurt."***
>
> \- Participant in research discussion group

4. Review the adequacy of existing strategies for dealing with benzodiazepines and other forms of pharmaceutical drugs misuse/abuse;

The research conducted in Darebin and Moreland raised awareness of a huge gap in service delivery. The options for those facing benzodiazepine-related harms in Darebin can be mapped as follows:

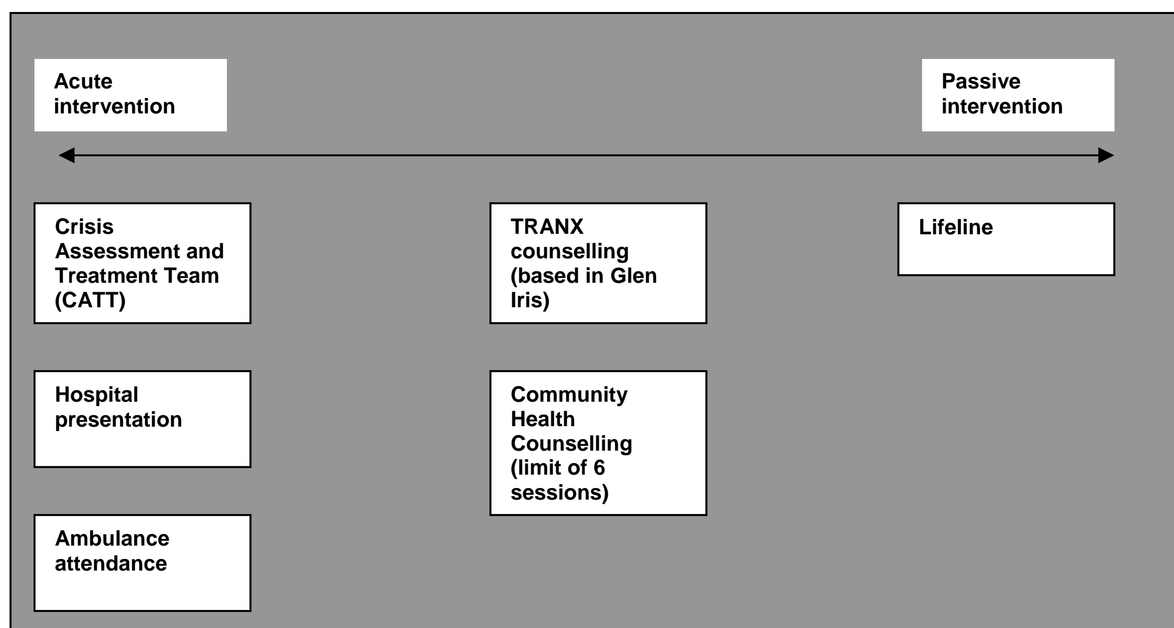

Figure One: Spectrum of service responses for women facing benzodiazepine-related harms

There are significant gaps and barriers faced by women seeking support in this service system:

Crisis Assessment and Treatment (CAT) Teams

While there was a negative response to the role of Crisis Assessment and Treatment Teams for women who had contacted them before overdosing, subsequent meetings with CAT Team management found potential public confusion based on the term "Crisis". Perhaps 'Crisis Assessment and Treatment' is not the most appropriate name for a service that must prioritise immediate responses to those with severe psychiatric disabilities who may be at risk of violently harming others or themselves in the immediate term. In such a system, the result for those contacting the service due to rising feelings of anxiety that may eventually lead to medication overdose is that they are assessed out of the service system as not in immediate danger, and a lack of complementary services means that referral did not often occur.

Hospital presentation and ambulance attendance

The majority of ambulance attendances involved hospital referral.

Experiences in hospital were sometimes perceived as a culture of prejudice for women seeking support, with one woman interviewed describing hospital staff as "unsympathetic and cruel". One woman commented during research that she felt nursing staff "might have thought other people with cancer were more important". Amongst a healing profession, understanding the needs of people who may harm

themselves may seem completely foreign and this may have impacted on levels of support in the hospital setting.

Few women had been linked to appropriate services as part of discharge planning. Several women agreed with the comment of one respondent that she had been “in and out of hospital and never provided a support service.” One woman who had overdosed on several occasions noted that “The last time I came out of hospital after a medication overdose I was hooked up with a case manager and finally got the support I needed.”

TRANX Counselling
While the state-based TRANX service offers ongoing counselling for those with benzodiazepine dependence, the service is located in Glen Iris and is beyond the access of many local residents. It is understood that waiting lists also fluctuate for this service which may act as a barrier for those seeking immediate assistance. Forthcoming changes to the drug treatment service system also pose a possible threat to such services where counselling is the main therapeutic modality. Initial work on the drug service system review suggests a curtailing of counselling activities in favour of medication-based therapies which are simply inappropriate for this target group.

Community Health counselling
While Community Health and Sexual Assault counselling services exist, there are limitations of six sessions for most clients, while some can get this extended to up to 12 sessions. However, the harms incurred by the women interviewed were incredibly traumatic and require long-term support and intervention. This is not available outside of expensive psychological therapy, often beyond the financial capacity of the women involved in our research.

Lifeline
Lifeline was often suggested as a support for women who had informed their housing or other support worker when they had mentioned that they felt the next few days may be difficult (this was particularly common over weekends or holidays such as Easter). Women interviewed found such telephone services were not personal enough to be of much assistance. What women sought was an ongoing relationship and opportunity to talk to a worker at times of distress.

5. Recommend best practice strategies to address the issue of benzodiazepines and other forms of pharmaceutical drugs, including regulatory, law enforcement, education and treatment responses;

Despite this bleak background in which the needs of vulnerable citizens facing benzodiazepine-related harms are forgotten, local research did indicate some simple strategies that significantly supported women towards a healing journey. In addition, more recent service models offer possible solutions to those facing benzodiazepine-related harms in the future.

Assertive follow-up
Assertive follow-up was overwhelmingly considered a key mechanism that led women towards further healing. Assertive follow-up is the practice of contacting clients of services who may have missed an appointment or not made a follow-up

appointment. Assertive follow-up practices are also important to use with potential clients who have been placed on waiting lists and for people who have been assessed by a service and referred to a more appropriate service. These two client groups face a high risk of falling through service gaps.

Assertive follow-up was often the trigger that encouraged women to seek additional support. It was a symbol that these women mattered and that someone was interested in their wellbeing. During information dissemination at the end of the research project, assertive follow-up was raised with a range of services – particularly family violence services – as a simple and effective strategy. The overwhelming response from services when assertive followup was raised was that the services were already under significant pressure and that assertive followup was a luxury that encroached on worker time and resources. Yet emerging technologies are now available that would allow services to send a simple SMS to waitlist clients or as a reminder to those booked for their first appointment.

Social support
In one case, the group of women who met as a research discussion group decided to form their own support group, which continues to meet to this day. Support groups used to be a much more common and legitimised service component than is evident today. Medication therapies are possibly at the height of an individualised response to health and healing, yet for those facing benzodiazepine-related harms it is this individualised response that exacerbates many of the difficulties of everyday life. The antidote is social reconnection:

> ***"Group support so that women know they are not the only ones who are going through this, it would help to build their confidence and would hopefully lead to them getting off medication altogether."***
>
> \- Discussion group respondent

Longer-term counselling
It is hoped that forthcoming changes to the mental health service system which will enable subsidised access to psychological support may address the significant gap faced by those seeking ongoing counselling beyond the six sessions available at Community Health or Sexual Assault Centres. This new service paradigm will need to be monitored carefully, as it remains unclear how referrals to psychologists will occur. At present, there are subsidies available under the 'Better Outcomes for Mental Health' Medicare service item, but such referrals are limited to five sessions and are solution-focused therapies. This is often inadequate for women who have experienced sexual abuse trauma and require longer term support.

Case management or case coordination
As health resourcing becomes tighter and tighter, case management and case coordination services have disappeared. Yet people facing benzodiazepine-related harms often need this support to navigate a complex system whilst feeling anxious, depressed, or without hope.

A possible solution: the HARP Model
Indications from the Hospital Admissions Risk Program (HARP) suggest a high level of efficacy with this program which seeks to reduce hospital admissions by identifying those at high risk and encouraging support before crisis occurs. HARP projects focus on chronic diseases such as diabetes or cardiovascular illness. Only one psychosocial HARP project is known locally – the Northern Alliance Self-harm and Suicide Prevention Strategy based at Northern Hospital. It is highly recommended that the HARP model be further investigated and new funding streams to address psychosocial needs be provided. This would address many of the service gaps, including the lack of discharge planning, the need for some case coordination support, and access to a supportive ear during times when people feel crisis is building.

Hospital prescribing policies
Research conducted for the pharmaceutical project was unable to assess the appropriateness of hospital benzodiazepine prescribing policies and this area is worthy of further investigation.

6. Examine national and international legislation, reports and materials relevant to the issue.

The increasing prescribing patterns of Attention Deficit and Hyperactivity Disorder (ADHD) medications is also worthy of further investigation, but has been beyond the capacity of Darebin City Council to investigate at this stage. International and national trends, however, suggest a worrying trend towards increased prescribing over any other therapeutic intervention.