

**PARLIAMENT OF VICTORIA
DRUGS AND CRIME PREVENTION COMMITTEE**

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

VICTORIAN GOVERNMENT RESPONSE

MAY 2008

Background

The Drugs and Crime Prevention Committee (DCPC) of the Parliament of Victoria was requested to inquire into, consider and report to Parliament on the matter of the misuse/abuse of benzodiazepines and other forms of pharmaceutical drugs in Victoria. The Terms of Reference of the Inquiry were to:

1. Examine the nature, extent and culture of the misuse/abuse of benzodiazepines and other forms of pharmaceutical drugs;
2. Examine the short and long term consequences/harms of the abuse/misuse of benzodiazepines and other forms of pharmaceutical drugs;
3. Examine the relationship between benzodiazepines and other forms of pharmaceutical drugs and other forms of licit and illicit substance use;
4. Review the adequacy of existing strategies for dealing with benzodiazepines and other forms of pharmaceutical drugs misuse/abuse;
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; and
6. Examine national and international legislation, reports and materials relevant to the issue.

The final report of the Inquiry was tabled in Parliament on 6 December 2007.

The DCPC undertook extensive consultation and research to conduct this Inquiry. The Inquiry report contains 30 recommendations covering education, research, prescribing and packaging practices, and treatment and management approaches.

This document details the response of the Victorian Government to the recommendations of the DCPC Inquiry into Misuse/Abuse of Benzodiazepines and Other Pharmaceutical Drugs.

Responses specify whether recommendations are 'Supported', 'Supported in principle' or 'Not supported'. Where recommendations are 'Supported in principle', this either means that a commitment to undertake the recommended action is contingent upon the availability of resources and consideration of competing priorities, or that the recommended outcome is supported but an alternative method of addressing the recommendation is considered more appropriate. The text following the response details current government activity in the area and proposed action to address the recommendation.

Section One: Education

1.1 Community

Recommendation 1

Develop a state-wide comprehensive public education campaign on benzodiazepines and opioid analgesics, along the lines of the QUIT, TAC or WorkCover campaigns that is based on best practice. This campaign should include information on the:

- Risks and harms associated with misuse
- Questions to ask your doctor and pharmacist
- Negative effects of sharing medication
- Appropriate storage of medicines, use-by dates and appropriate disposal
- Treatment options and support services.
- The harms associated with poly drug use.

Recommendation 2

The information presented in the campaign should also be tailored to particular demographic groups such as specific age groups, culturally and linguistically diverse communities, people with mental illness, Indigenous groups, those suffering with chronic pain, intravenous drug users and drivers of motor vehicles who are concurrently taking prescription or pharmaceutical medications. The information should be tailored to meet their specific needs.

Recommendation 3

Investigate appropriate methods of delivering information and education to targeted groups within the community such as mainstream media, community radio, community newspapers, the workplace, community leaders and via modern technologies such as SMS and the Internet.

Supported in principle

The Victorian Government acknowledges the value of public drug education and prevention campaigns and has extensive experience developing and implementing such campaigns. Examples include the Illicit Drug Community Awareness and Advertising Campaign which targeted ecstasy, heroin and cannabis use; the Ice awareness campaign, *Ice. It's a dirty drug*; and the *Heroin Overdose Prevention Initiative* targeting injecting drug users.

The Victorian Government recognises the importance of developing and implementing campaigns tailored to particular demographic and age groups.

An example of a successful targeted campaign is the *Temazepam Injection Prevention Initiative* which was developed in 2001. This initiative addressed the increased incidence of benzodiazepine misuse, in particular the injection of the contents of temazepam gel capsules which cause major health problems and injury. The state-wide campaign, which targeted Victorian doctors and pharmacists as well as drug users, was adapted and implemented nationally, ultimately resulting in the removal of temazepam gel capsules from the market in early 2005.

In relation to benzodiazepine and opioid analgesics more generally, the Victorian Government will develop a range of education and information materials and tailored messages targeting:

- chronic pain sufferers, insomniacs, people with mental illness, women and young people, and those who are unaware that continued use of pharmaceutical drugs can cause addiction
- intravenous drug users and individuals who seek to use and divert pharmaceutical drugs for non medical purpose.

This will be achieved by adapting, promoting and distributing resources developed in campaigns such as the *Temazepam Injection Prevention Initiative*. Resources will include: patient information sheets providing information on the non-drug treatment of insomnia and anxiety; Frequently Asked Questions (FAQs); and Fact Sheets on relevant issues such as the dangers of inappropriate storage and disposal of medications. Partnerships will be formed with existing professional networks and organisations such as the Divisions of General Practitioners and the National Prescribing Service in the revision and dissemination of resources.

The Department of Human Services currently provides broad-based drug information and education, counselling, support and referral to people who use drugs and the broader community through Primary Health Services and organisations such as the Australian Drug Foundation, Drug Info Clearing House, DirectLine, Family Drug Help and Counselling Online. These services are provided through websites, fact sheets and pamphlets.

The Government will continue to work with these services to ensure:

- provision of the most current, relevant information and best practice on the misuse and diversion of benzodiazepines and pharmaceutical drugs
- improved dissemination and targeting of information and resources to ensure they are accessible to a wider audience.

1.2 Doctors

Recommendation 4

Work with professional bodies and university medical faculties to develop and deliver undergraduate, professional and mandatory ongoing education and training for Victorian doctors on best practice benzodiazepine and opioid analgesic prescribing and management. Such training should be updated regularly and provided on an ongoing basis to provide a level of competency standards required of doctors and other prescribing health professionals to practise in Victoria. Such training could include:

- Risks associated with long-term use of benzodiazepines and analgesic opioids
- Importance of regular reviews of benzodiazepine dosing
- Alternatives to pharmacological treatments for patients suffering from pain, anxiety or sleep disorders
- Appropriate management of benzodiazepine and opioid analgesic withdrawal (including tapering)

- Identifying signs of dependence in patients and making referrals to a service that can appropriately manage that person's misuse or abuse
- Importance of liaison and communication between doctors and pharmacists at a local level.

Supported in principle

The Department of Human Services ('the department') works closely with the 12 health practitioner registration boards, including the Medical Practitioners Board of Victoria ('the Board') operating under the *Health Professions Registration Act 2005*. The role of the Board and that of other boards is to protect the public through a range of regulatory functions including approval of courses of study for entry to the profession.

All undergraduate medical courses in Victoria include topics on addiction medicine to varying degrees. As noted in the report, a review of addiction medicine content within the curricula of the Faculty of Medicine, Nursing and Health Sciences at Monash University is currently underway.

With regard to ongoing education and training for Victorian doctors in relation to addiction medicine, the Board advises that a range of programs are currently in place to assist doctors who wish to enhance their skills, knowledge and experience with an emphasis on benzodiazepines and other pharmaceutical drugs. Some of these programs include:

- Courses run by Turning Point
- Divisions of General Practice
- Specialist Medical Colleges

The Board, through its regular Registrar/CEO meetings with the department, advises that it will encourage Victorian education and training providers where practicable to consider the recommendations in the report with a view to developing programs on best practice benzodiazepine and opioid analgesic prescribing and management, or alternatively modify their current curricula to place an increased emphasis on the issue. It is noted that developing and delivering education and training across all levels of experience for medical practitioners is a time consuming and resource intensive process. Equally, changes to state based curricula should have regard to national education and training standards that would require extensive dialogue and consultation.

The department will also write to the Deans of Universities and other education providers such as the Post Graduate Medical Council of Victoria and State Committees of Specialist Medical Colleges encouraging them to consider the recommendations in the report and advise the department on current education and training curricula and opportunities for new course content.

Recommendation 5

The Medical Practitioners Board of Victoria be responsible for developing appropriate prescribing standards and distributing authoritative information to doctors in relation to safe prescribing of benzodiazepines and opioid analgesics.

Supported

One of the functions of the Medical Practitioners Board of Victoria ('the Board') under the *Health Professions Registration Act 2005* in protecting the public is to issue and publish codes and guidelines relating to standards of practice, including administration management of drugs.

The Board currently issues a range of information about or related to safe prescribing of benzodiazepines and opioid analgesics to registered medical practitioners. This information includes:

- information on the Board's website in relation to legal requirements of prescribing
- policies regarding prescribing for self and others.

Volume 3 of the Board's 2004 Circular dedicated an article to issues of drugs of dependence, including information on prescribing, management of patients with substance abuse issues and drugs of addiction in the management of chronic pain. The Board, as an ongoing educative function, also regularly publishes case studies following hearings, which may include issues in these areas.

In addition to Board issued information, a range of resources have been developed by national professional bodies that address these standards. These documents include:

- Royal Australian College of General Practitioners (RACGP) guidelines for benzodiazepines
- Australian Pain Society guidelines for the use of oral opioids in patients with chronic non-malignant pain
- Quality Use of Medicines (QUM) guidelines
- National Medicines Policy
- Victorian Medicines Advisory Committee and associated publications.

In response to the recommendations made in the report, the Victorian Medical, Nurses and Pharmacy Boards have agreed to establish a joint working party to develop consistent guidelines for safe management of patients with benzodiazepines and opioid analgesics. These guidelines will take into regard and make reference to guidelines that are currently in place nationally and at a state and territory level, to develop some key messages and overarching principles for the medical profession and other health professionals to observe in their provision of health services.

It is noted that, in view of the different roles involved, there may be some differences in the guidelines for the three professions in regard to management issues, however, the core principles will apply to all given they all encounter patients who need treatment or are already being treated with benzodiazepines and opioid analgesics. It is intended that the guidelines not be too prescriptive for health professionals. The Boards agreed that a coordinated implementation of the guidelines through respective

newsletters and bulletins should be considered to achieve maximum effect and reach with registrants.

1.3 Nurses, allied health professionals and medical centre staff

Recommendation 6

Recommend to relevant professional bodies and universities that they develop and deliver undergraduate and ongoing education and training to nurses and allied health professionals on best practice benzodiazepine and opioid analgesic prescribing and pain and sleep disorder management.

Supported in principle

The Department of Human Services ('the department') works closely with the 12 health practitioner registration boards, including the Nurses Board of Victoria ('the Board') operating under the *Health Professions Registration Act 2005*. The role of the Board and that of other boards is to protect the public through a range of regulatory functions including approval of courses of study for entry to the profession.

All undergraduate nursing courses in Victoria include topics on medication management. Additional training in relation to prescribing for nurse practitioners is also included in relevant courses. As noted in the report, a review of addiction medicine content within the curricula of the Faculty of Medicine, Nursing and Health Sciences at Monash University is currently underway.

With regard to ongoing education and training for Victorian nurses in relation to administration management, the Board advises that a range of programs are currently in place to assist nurses who wish to enhance their skills, knowledge and experience with an emphasis on benzodiazepines and other pharmaceutical drugs. Some of these programs include relevant post graduate qualifications and individual medication management modules.

The Board, through its regular Registrar/CEO meetings with the department, advises that it will encourage Victorian education and training providers where practicable to consider the recommendations in the report with a view to developing programs on best practice benzodiazepine and opioid analgesic prescribing and management, or alternatively modify their current curricula to place an increased emphasis on the issue. It is noted that developing and delivering education and training across all levels of experience for nurses is a time consuming and resource intensive process. Equally, changes to state based curricula should have regard to national education and training standards that would require extensive dialogue and consultation.

The department will also write to the Deans of Universities and other education providers encouraging them to consider the recommendations in the report and advise the department on current education and training curricula and opportunities for new course content.

In relation to the allied health professions, the department will consult with the relevant Victorian boards, e.g. Dentists, Podiatrists, Physiotherapists, and encourage them to raise the issue with their relevant education and training providers.

Recommendation 7

Recommend to relevant professional bodies and tertiary institutions that they develop and deliver education and training to drug and alcohol workers and non-professional medical centre staff on best practice benzodiazepine and opioid analgesic prescribing, and pain and sleep disorder management.

Supported in principle

The Department of Human Services ('the department') is responsible for the development and implementation of drugs policy and protocols across Government. It is also responsible for developing, funding and delivering a range of treatment, prevention and educational services as well as workforce initiatives. The department's Drugs Policy and Services Branch works closely with partners in local, state and federal government as well as the alcohol and drug sector to deliver services.

The department's Minimum Qualification Strategy (MQS) provides a benchmark to ensure that the alcohol and other drugs (AOD) workforce has a common minimum level of AOD attitudes, skills and knowledge. In order to achieve the MQS, AOD workers may hold AOD specific qualifications at Certificate IV level or above, or may supplement a health, social or behavioural science tertiary qualification with the attainment of the four core AOD competencies.

Under the *Health Professions Registration Act 2005*, only medical practitioners and dentists have a general authority to prescribe medications, with limited prescribing rights for optometrists, nurse practitioners, Chinese medicine practitioners and podiatrists. AOD workers do not prescribe medications, and therefore the AOD workforce currently receives limited if any specific training in administration management on benzodiazepine and opioid analgesics, and pain and sleep disorder management.

The national Community Services Training Package (CHC02) is currently under review, and the department will recommend that training in best practice administration management of benzodiazepine and opioid analgesics, and pain and sleep disorder management be considered for inclusion. In addition, the department will also give consideration to whether there is scope in existing training, funded at a state level, to include these areas.

Recommendation 8

The Nurses Board of Victoria be responsible for developing appropriate dispensing standards and distributing authoritative information to nurses in relation to safe dispensing of benzodiazepines and opioid analgesics.

Supported

One of the functions of the Nurses Board of Victoria ('the Board') under the *Health Professions Registration Act 2005* in protecting the public is to issue and publish codes and guidelines relating to standards of practice, including administration management of drugs.

The Board currently issues guidelines related to scope of practice and continuing professional development for nurses and midwives. Nurses are expected to undertake relevant education and demonstrate competence when expanding their scope of practice.

In addition to Board issued information, a range of resources have been developed by national professional bodies that address these standards. These documents include:

- Australian Pain Society guidelines for the use of oral opioids in patients with chronic non-malignant pain
- Quality Use of Medicines (QUM) guidelines
- National Medicines Policy
- Victorian Medicines Advisory Committee and associated publications.

In response to the recommendations made in the report, the Victorian Medical, Nurses and Pharmacy Boards have agreed to establish a joint working party to develop consistent guidelines for safe management of patients with benzodiazepines and opioid analgesics. These guidelines will take into regard and make reference to guidelines that are currently in place nationally and at a state and territory level, to develop some key messages and overarching principles for the nursing profession and other health professionals to observe in their provision of health services.

It is noted that, in view of the different roles involved, there may be some differences in the guidelines for the three professions in regard to management issues, however, the core principles will apply to all given they all encounter patients who need treatment or are already being treated with benzodiazepines and opioid analgesics. It is intended that the guidelines not be too prescriptive for health professionals. The Boards agreed that a coordinated implementation of the guidelines through respective newsletters and bulletins should be considered to achieve maximum effect and reach with registrants.

1.4 Pharmacists

Recommendation 9

Recommend to relevant professional bodies and universities that they develop and deliver undergraduate education and training and postgraduate and ongoing professional development on:

- Best practice benzodiazepine and opioid analgesic dispensing and pain and sleep disorder management
- Pharmacists duty of care to patients/clients
- Customer education
- Alternatives to pharmacological treatments for patients suffering from pain, anxiety or sleep disorders.

Supported in principle

The Department of Human Services ('the department') works closely with the 12 health practitioner registration boards, including the Pharmacy Board of Victoria ('the Board') operating under the *Health Professions Registration Act 2005*. The role of the Board and that of other boards is to protect the public through a range of regulatory functions including approval of courses of study for entry to the profession.

All undergraduate pharmacy courses in Victoria include topics on medication management. This typically involves units on topics such as drugs of dependence, use and abuse of medications, pharmacotherapy, counselling and legislation.

With regard to ongoing education and training for Victorian pharmacists in relation to administration management, the Board advises that a range of programs are currently in place to assist pharmacists who wish to enhance their skills, knowledge and experience with an emphasis on benzodiazepines and other pharmaceutical drugs.

Some of these programs include:

- lectures and workshops presented by the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
- material supplied by the National Prescriber Service, Therapeutic Goods Association (TGA) Therapeutics Bulletin.

The Board, through its regular Registrar/CEO meetings with the department, advises that it will encourage Victorian education and training providers where practicable to consider the recommendations in the report with a view to developing programs on best practice benzodiazepine and opioid analgesic prescribing and management, or alternatively modify their current curricula to place an increased emphasis on the issue. It is noted that developing and delivering education and training across all levels of experience for pharmacists is a time consuming and resource intensive process. Equally, changes to state based curricula should have regard to national education and training standards that would require extensive dialogue and consultation.

The department will also write to the Deans of Universities and other education providers encouraging them to consider the recommendations in the report and advise the department on current education and training curricula and opportunities for new course content.

Recommendation 10

Recommend to pharmacy organisations that they encourage their members wherever practicable to provide counselling rooms/private space for detailed consultation and advice. This might include information on medications and pharmacotherapy dispensing.

Supported

Under the *Health Professions Registration Act 2005*, the Pharmacy Board of Victoria ('the Board') requires that suitable arrangements are in place for the provision of private and confidential counselling as part of its procedure for the approval of

Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

pharmacies and pharmacy departments. The Board, through regular liaison meetings with pharmacy organisations and through its communications to the profession, highlights these requirements and will continue to do so.

Recommendation 11

The Pharmacy Board of Victoria be responsible for developing appropriate dispensing standards and distributing authoritative information to pharmacists in relation to safe dispensing of benzodiazepines and opioid analgesics.

Supported

One of the functions of the Pharmacy Board of Victoria ('the Board') under the *Health Professions Registration Act 2005* in protecting the public is to issue and publish codes and guidelines relating to standards of practice, including administration management of drugs.

The Board currently issues a range of information about or related to safe administration management of benzodiazepines and opioid analgesics to registered pharmacists. This information includes:

- Guidelines on drugs subject to abuse
- Warnings placed on the Board's website
- Articles in the Board's Circular to pharmacists
- Listing of stolen prescription pads on its website
- Provision of assistance to Victoria Police including training.

In addition to Board issued information, a range of resources have been developed by national professional bodies that address these standards. These documents include:

- Australian Pain Society guidelines for the use of oral opioids in patients with chronic non-malignant pain
- Pharmaceutical Society of Australia Professional Practice Standards
- Quality Use of Medicines (QUM) guidelines
- National Medicines Policy
- Victorian Medicines Advisory Committee and associated publications.

In response to the recommendations made in the report, the Victorian Medical, Nurses and Pharmacy Boards have agreed to establish a joint working party to develop consistent guidelines for safe management of patients with benzodiazepines and opioid analgesics. These guidelines will take into regard and make reference to guidelines that are currently in place nationally and at a state and territory level, to develop some key messages and overarching principles for the pharmacists and other health professionals to observe in their provision of health services.

It is noted that, in view of the different roles involved, there may be some differences in the guidelines for the three professions in regard to management issues, however, the core principles will apply to all given they all encounter patients who need treatment or are already being treated with benzodiazepines and opioid analgesics. It is intended that the guidelines not be too prescriptive for health professionals. The Boards agreed that a coordinated implementation of the guidelines through respective

Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

newsletters and bulletins should be considered to achieve maximum effect and reach with registrants.

1.5 Patient information

Recommendation 12

The Health Minister propose, at the next Health Ministers' Conference, that the Australian Pharmaceutical Advisory Council and/or the Therapeutic Goods Administration review the presentation and marketing of prescription and other pharmaceutical medicines to consumers. Such a review should include but not be restricted to:

- Increasing the amount of information available to consumers on medication labels and the form in which this is presented (for example size of lettering, community languages)
- A general review of the requirements currently mandatory on Consumer Medical Information to ascertain whether they could be improved and strengthened.

Supported in principle

The Victorian Government strongly supports the need for provision of consumer information about medications to enable users to be aware of risks and adverse effects and encouraged to use them safely.

However, there are a number of regulatory controls that require medication labels to incorporate a number of components that include mandated warnings, drug scheduling status, and directions for use. In addition, the labels on commercially provided packs are often obscured when a pharmacist dispensing to an individual attaches a label with information including individualised directions for administration as directed by a prescriber. Consequently this limits space available on packs of medications for additional information, which in any event may be obscured once pharmacy labels are attached.

Consumer medicine information (CMI) provides a better means of delivering information to consumers. There is potential to improve and review consumer medicines information, particularly as new information becomes available about adverse effects, misuse of particular drugs, and harm arising from misuse. The Therapeutic Goods Administration (TGA) has the matter of improving Consumer Medicines Information under review. In 2005 the TGA released a discussion paper before holding forums in Sydney and Melbourne to discuss the issues raised in the paper and to seek stakeholder views on options for improving consumer and professional access to web based copies of up-to-date CMI and Product Information monographs (PI). Written submissions were also received from a wide range of stakeholders.

As a result of the feedback provided to the initial Discussion Paper, the TGA provided more detail about each of the options discussed and reported on the outcome of the consultations.

The TGA then issued a second discussion paper in January 2007 to seek stakeholder views on some revised options including the TGA's preferred options. The Victorian Government awaits the outcome of this review with interest.

The Victorian Government does not believe that a global review of all Consumer Medicine Information is necessary. It recognises that the Drugs and Crime Prevention Committee has identified some issues that would benefit from a review of CMI, and the Department of Human Services has also identified other problems arising from drug use that provide opportunities to improve the safety of their use by amending and reviewing CMIs for particular drugs.

The Department of Human Services will alert the Therapeutic Goods Administration to the Committee's Report, and identify particular issues that may be addressed by changes to CMI.

Depending upon the response, the option of raising these matters through referral to the Australian Health Ministers' Conference will then be considered.

There are other avenues that provide consumers of medications with information to encourage the effective and safe use of drugs. These include:

- The National Prescribing Service Limited provides accurate, balanced and evidence based information to health professionals and the community. It works in partnership with GPs, pharmacists, specialists, other health professionals, Government, pharmaceutical industry, consumer organisations and the community. It is independent, non-profit and funded by the Australian Government Department of Health and Ageing. It provides materials and activities on medicines designed specifically for consumers, including a catalogue of free consumer materials which can be ordered online.
- The Australian Prescription Products Guide is an online resource that provides more than 3,900 prescription and non-prescription Product Information monographs and nearly 2000 CMIs.
- Healthlinks Data Warehouse, a central repository for CMI and Product Information provided by pharmaceutical companies to ensure that users and organisations who on-distribute CMI and PI have the most current authorised version.

1.6 Harm Reduction

Recommendation 13

Provide resources for Victorian Needle and Syringe Programmes to deliver ongoing health education programmes for injecting drug users, which include specific information on benzodiazepines and opioid analgesics.

Supported in principle

The Victorian Government recognises the need for ongoing health education programs for injecting drug users (IDU), including specific information on benzodiazepines and opioid analgesics.

Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

The dissemination of education and information relating to injecting benzodiazepines and opioid analgesics currently includes a printed fact sheet produced by the Australian Drug Foundation, *Filtering licit and illicit drugs for injecting*, and the education and training activities of VIVAIDS (Victorian Drug User Organisation) and Anex (Association for Prevention and Harm Reduction Programs).

Benzodiazepines figure prominently in the VIVAIDS overdose prevention workshop program for IDU, and opioid analgesics feature in workshops on safer injecting and filtering.

Issues specific to the use of benzodiazepines and opioid analgesics are addressed through several modules in the Anex training package for Needle and Syringe Program (NSP) workers, most particularly the Drug Identification module. The Vein Care module also covers the proper use of wheel filters, as practitioner feedback indicates filtering to be the most practical preventative strategy for harms associated with injecting benzodiazepines and opioid analgesics. Luer lock syringes suitable for wheel filter use are among the range of injecting products provided to NSP agencies for distribution to IDU. Wheel filters, however, are not routinely provided, although most funded NSP outlets do provide wheel filters to IDU on a cost-recovery basis.

Anex has indicated it plans to develop a specific module on the use of benzodiazepines and other pills and plans to develop a complementary DVD on the proper use of wheel filters, suitable both for NSP worker training and for use at NSP outlets for IDU education purposes.

A range of education and information literature resources is available to NSP agencies and other health and welfare service providers catering to IDU on a range of topics related to injecting, but not specific to injecting benzodiazepines and opioid analgesics. The Safer Using series is currently under revision with a view to extending the series to include a specific pamphlet on benzodiazepines and opioid analgesics.

Section Two: Research

Recommendation 14

Establish a research strategy to address the knowledge gaps apparent in relation to the misuse and abuse of prescription drugs. The research strategy should prioritise the research issues that have been identified in the academic literature and evidence given before this Committee. This should include research into:

- The long-term effects of benzodiazepines, in particular the impact of long-term use on cognitive functioning
- The long-term efficacy and therapeutic value of benzodiazepines and any problems associated with withdrawal from these drugs
- The development by the pharmaceutical industry of ‘tamper proof’ prescription drugs
- The extent to which prescription drugs can be purchased, accessed or traded on illegal Internet sites
- The issue of ‘doctor shopping’ in Victoria and Australia. Such research should not only address the extent to which ‘doctor shopping’ occurs in Australia but also the cost of this practice to the economy
- Current and emerging treatments for benzodiazepine abuse and their effectiveness
- The extent of misuse and abuse of prescription medication in particular populations such as those living in rural and regional Victoria, culturally and linguistically diverse communities, Indigenous communities and young people
- The extent of misuse and abuse of prescription medication in the workplace
- Possible locations where problematic prescribing and dispensing is occurring
- The effect of benzodiazepine and opioid analgesic consumption on driving performance
- The extent to which prescription drugs are obtained to sell as a means of financing the purchase of illicit drugs
- The provision of local level data and research in metropolitan and rural communities.

Supported in principle

The Victorian Government recognises the need for research in relation to the misuse and abuse of prescription drugs. Research and monitoring in this area is already incorporated in research priorities identified by the Department of Human Services. The following research projects are currently being conducted.

Under the Ministerial Council on Drug Strategy Cost Shared Funding Model, the Department of Human Services has contracted Turning Point Alcohol and Drug Centre, with partner organisations in Tasmania, WA and Queensland, to investigate the role of pharmaceutical drugs in clients presenting for treatment to drug and alcohol treatment agencies, and to examine the nature and extent of diversion and intentional misuse of pharmaceutical drugs, and associated health harms, within this group. The project is due for completion by late 2008.

The Department of Human Services has also contracted Dr Raymond Martyres of the Melbourne Division of General Practice to undertake a project to examine the patterns Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

and role of drug-seeking behaviour for prescription drugs prior to heroin-related and methadone-related deaths in Victoria. This project is due for completion by late 2008.

In relation to treatment research, the Department of Human Services has contracted Turning Point Alcohol and Drug Centre to conduct the Benzodiazepines: Treatment Capacity Building project. This research project will undertake a review into current best practice for benzodiazepine related treatment. It will explore benzodiazepine users' treatment needs. It will map the treatment modalities currently available to benzodiazepine users in the Victorian drug treatment service system and assess their effectiveness in responding to benzodiazepine use. In its second stage, the project will develop an intervention to increase the capacity of Victorian drug treatment services to meet the needs of benzodiazepine users. The project will be completed by the end of June 2008.

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research. The NHMRC has supported a number of research activities related to the use and misuse of benzodiazepines and other pharmaceutical drugs.

The National Drug Law Enforcement Research Fund has completed a number of projects on benzodiazepine and pharmaceutical opioid misuse and their relationship to crime in Northern Territory, Victoria and Tasmania as well as an examination of illicit prescription drug markets in Melbourne, Hobart and Darwin.

Recommendation 15

The Health Minister propose, at the next Health Ministers' Conference, that Medicare Australia make available ongoing and timely statistics relating to the Doctor Shopping Programme for research and policy development purposes.

Supported in principle

The Victorian Government recognises the limitations of the Medicare Prescription Shopping Program (previously Doctor Shopping Project), particularly in relation to its lack of 'real time' data availability.

The Prescription Shopping Program is one of a number of initiatives administered by Medicare Australia to facilitate the proper and sustainable use of the Pharmaceutical Benefits Scheme (PBS). It aims to identify patients who, within a three month period, have:

- PBS items prescribed to them by 6 or more different prescribers, or
- Obtained a total of 25 or more target PBS items.

Medical practitioners who are registered with the service can seek patient information via telephone if they suspect them to be obtaining PBS medication in excess of medical need.

At an InterGovernmental Committee on Drugs-sponsored workshop on prescription pharmaceutical diversion in November 2007, a spokesperson from Medicare Australia advised that an evaluation/review of the Program is planned for 2007-08.

The workshop presentation provided much useful and relevant data on the patients identified under the Program. About 55,000 unique patients are identified each year, with between 15,000 and 30,000 meeting the Program's criteria in any given quarter. The average age of identified patients is 56 years and about 60 per cent are female. The service received 18,259 calls from doctors during 2006-07, with 63 per cent of calls before or during a patient consultation.

The data on the Program is only available retrospectively, but may be useful for informing research and policy development.

Section Three: Prescription recording service

Recommendation 16

Develop in consultation with the Pharmacy Board of Victoria, Royal Australian College of General Practitioners, Health Commissioner of Victoria and other relevant health and medical stakeholders an electronic 'real time' prescription recording service that would be available to medical practitioners and pharmacists in Victoria.

Supported in principle

The Victorian Government strongly supports the development of a *national* electronic 'real time' prescription recording service that would be available to medical practitioners and pharmacists throughout Australia. See comments under Recommendation 17 below.

It would not be appropriate to develop a stand-alone Victorian system as this would be extremely costly, would duplicate effort which is currently underway at a national and intergovernmental level, would require access to Commonwealth databases including Medicare and PBS, and would lead to cross-border issues.

There is currently underway a range of developments at a national and intergovernmental level in relation to electronic health information.

The National E-Health Information Principal Committee (NEHIPC) provides advice to Health Ministers, via the Australian Health Ministers' Advisory Council (AHMAC), in relation to e-health and information management. NEHIPC is chaired by the Secretary of the Victorian Department of Human Services. The NEHIPC comprises a representative from each Australian jurisdiction (as its core membership) and a representative from the Australian Health Information Council, the Australian Institute of Health and Welfare, the Australian Bureau of Statistics, the National Health and Medical Research Council, Medicare Australia, the Australian Commission on Safety and Quality in Health Care, the Department of Veteran's Affairs and the New Zealand Ministry of Health.

The Victorian Department of Human Services, on behalf of NEHPIC, is currently conducting a tender seeking suitably qualified and experienced parties to develop a national e-health strategy that:

- Provides a vision for and desired outcomes of national action in e-health over the next 5-10 years
- Identifies priorities and next steps for development and implementation of a national e-health system
- Provides advice on the governance arrangements needed to oversight and manage national e-health projects and infrastructure.

The Victorian Government, through its role on the NEHPIC, will actively seek to ensure that the development of an electronic 'real time' prescription recording service is incorporated into the National E-Health Strategy.

In pursuing a national approach, Victoria would be prepared to take a leading role in implementing the service, as it did in the previous Commonwealth initiative in this field (*Medicconnect*) in which the Victorian Department of Human Services and the Commonwealth Department of Health and Ageing jointly undertook a trial in Ballarat.

Recommendation 17

The Health Minister propose, at the next Australian Health Ministers' Conference, that consideration be given to the rolling out of the prescription recording service at a national level.

Supported in principle

The Victorian Government strongly supports the development of a national electronic 'real time' prescription recording service that would be available to medical practitioners and pharmacists.

At present, an individual may visit multiple doctors and pharmacies, without any guarantee that the information about pharmaceutical drugs prescribed to them will be available to each. This situation mitigates against co-ordination of treatment, and prevention of drug-seeking individuals from obtaining psychoactive and other pharmaceutical drugs for non-medical use or trafficking. As a result, there is a mounting problem of diversion of licit drugs to inappropriate and illicit use, leading to a number of serious problems such as injection of oral medications intravenously, overdose and death due to multiple drug toxicity involving illicit drugs and medications, or sedating medications alone, and the development of criminal networks to obtain and traffic the drugs.

Patient safety and the prevention of crime associated with obtaining and using pharmaceutical drugs inappropriately requires doctors and pharmacists to have access to a real-time, online medication history of individuals who have been identified by a robust process to prevent identity fraud. This will enable doctors and pharmacists to make informed decisions about the safe use of potentially toxic pharmaceutical drugs, and co-ordinate treatment with these drugs.

As outlined in the response to Recommendation 16 above, there is currently underway a range of developments at a national and intergovernmental level in relation to electronic health information. The Victorian Government, through its role on the National E-Health and Information Principal Committee, will actively seek to ensure that the development of an electronic 'real time' prescription recording service is incorporated into these developments.

Section Four: Prescribing and packaging practices

Recommendation 18

Consider the development of an electronic prescription system on a state-wide basis with a view to the Health Minister proposing to the Australian Health Ministers' Conference that such a system should be implemented at a national level.

Supported in principle

As per recommendations 16 and 17, the Victorian Government does not support the development of an electronic prescription service on a state-wide basis, but rather, supports the development of a national system of electronic prescribing.

An electronic prescription service would be a necessary pre-requisite for the development of a national electronic 'real time' prescription recording service that would be available to medical practitioners and pharmacists, and as such is strongly supported by the Victorian Government. As outlined in the response to recommendation 17, this matter will be pursued by the Victorian Government through its role on the National E-Health and Information Principal Committee.

Recommendation 19

In conjunction with relevant pharmacy and medical bodies, consideration of the suitability and efficacy of current packaging arrangements for prescription drugs. In particular, whether packaging of smaller amounts of prescription drugs is feasible and cost effective.

Supported in principle

Whilst the report cites evidence of concerns about pack sizes of over-the-counter (Schedule 2 or Schedule 3 poisons) codeine-containing analgesics, it does not cite specific concerns about packaging of prescription drugs.

At present, medical practitioners and other authorised prescribers of prescription drugs are not limited by pack sizes in the quantity they may prescribe for a patient at a time. However, the quantity prescribed can be influenced by available pack sizes.

Controls over commercial pack sizes of prescription drugs are currently exercised at Commonwealth level. As pack size can reflect a normal course of treatment or course of treatment before it is appropriate to review a patient's condition, pack size is one of a complex range of issues considered by the Therapeutic Goods Administration (TGA) in approving a product's registration for availability in Australia.

A major influence over commercial pack size and quantities prescribed is the maximum quantity available under the Commonwealth Pharmaceutical Benefits Scheme (PBS) for a single patient co-payment. Medical practitioners commonly prescribe the PBS maximum quantity. The vast majority of benzodiazepine and opioid narcotic products are accorded pharmaceutical benefits. The Pharmaceutical Benefits

Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

Advisory Committee makes recommendations about the maximum quantity and the number of repeat prescriptions which should be available for each formulation of a drug. The PBAC takes into account the consistency between the maximum quantities and dosage recommendations using, in the case of an acute-use therapy such as a benzodiazepine or an opioid analgesic, the principle that the requested maximum quantity is demonstrably consistent with the likely use of the proposed drug for a normal single course of treatment.

In summary, the Commonwealth Government, through its Pharmaceutical Benefits Advisory Committee, takes quality use of medicines principles into account in approving prescription medicines, including pack sizes, or maximum quantities available as a PBS benefit. However, given the findings of the report, the Government will refer the recommendation to the Commonwealth Minister for Health requesting that the responsible Commonwealth bodies review their criteria in relation to pack sizes and maximum quantities of benzodiazepines and opioid analgesics.

Recommendation 20

In consultation with relevant medical and pharmacy bodies, conduct a review of the current prescription drugs permit system and drug controls. Such a review should include but not be restricted to:

- Whether benzodiazepines as a general class of drug be considered for rescheduling to Schedule 8 by the National Drugs and Poisons Schedule Committee
- Whether there should be consideration of revised regulations and guidelines for the prescribing of benzodiazepines. In particular, consideration should be given to the period for which benzodiazepines are permitted to be prescribed (including the prescribing of repeats)
- Request the Victorian Minister for Health propose at the next Australian Health Ministers' Conference that the Commonwealth Government advocate through the World Health Organization and/or United Nations for an international convention on unauthorised Internet access to prescription drugs.

The response to this recommendation will address the three dot points separately.

**Dot point one:
Not supported**

The Victorian Government supports measures which limit prescription drugs being subject to misuse/abuse.

When considering the rescheduling of a drug from Schedule 4 to Schedule 8, the National Drugs and Poisons Scheduling Committee relies on the following criteria.

SCHEDULE 8
<p>Description Schedule 8 poisons are substances and preparations for therapeutic use (i.e. medicines):</p> <ul style="list-style-type: none"> • which are dependence producing. • which are likely to be abused or misused. <p>Purpose To allow potent medicines to be available for medicinal use with restrictions on manufacturing, trade,</p>

Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

distribution, possession and use to prevent abuse, addiction and dependence.

Assessment Factors

A substance or preparation will be classified as a Schedule 8 poison if it:

- is included in Schedule I or II of the WHO Single Convention on Narcotic Medicines.
- is included in Schedule II or III of the WHO Convention on Psychotropic Substances.
- is likely to present a substantial risk of abuse, dependence or misuse for illegal purposes.

With the exception of flunitrazepam which is in Schedule II of the WHO Convention on Psychotropic Substances and is in Schedule 8 in Australia, all other benzodiazepines are in Schedule III of the WHO Convention on Psychotropic Substances and are not automatically considered for Schedule 8 in Australia.

Rescheduling of benzodiazepines to Schedule 8 would subject them to tighter regulatory requirements throughout the distribution chain, for example, with respect to storage, security, reporting, records/accountability, authorisation of personnel, and treatment. Thus, implementation of the additional controls associated with a Schedule 8 classification would impose significant additional costs on the whole distribution chain.

With respect to treatment, inclusion in Schedule 8 would mean that medical practitioners would be required to hold permits from the Department of Human Services prior to treating drug dependent persons with benzodiazepines or after eight weeks' treatment in the case of persons who are not drug dependent. The permit system provides for coordination of treatment and assists in preventing "doctor shopping". Given the large number of prescriptions and patients being treated with benzodiazepines (see table below), introducing permit controls for benzodiazepines would impose a significant regulatory burden on medical practitioners. This may have adverse treatment consequences as medical practitioners may prefer to use less effective drugs or drugs with lower safety profiles to avoid the administrative burden associated with applying for permits.

PBS Prescriptions for commonly prescribed benzodiazepines for July 2006 to July 2007

Benzodiazepine	Victoria	Total Australia
Oxazepam 30mg	255,773	998,372
Temazepam 10 mg	557,916	2,098,220
Diazepam 5 mg	431,554	1,491,753
Alprazolam all strengths	133,551	379,429
	1,378,794 total	Does not include Non-PBS scripts

The report does not present a rationale or evidence that the benefits associated with a Schedule 8 classification - in terms of harms or the extent of misuse prevented - would outweigh the costs of additional controls on the distribution chain and the majority of patients who would consider they are using benzodiazepines legitimately, safely and efficaciously.

**Dot point two:
Supported in principle**

The Victorian Government supports the development and promotion of prescribing guidelines as set out in recommendations 5, 8 and 11.

Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

However, it does not support the use of regulations to limit the period of treatment with benzodiazepines. Regulations create offences and so must be clear and unequivocal. They do not allow sufficient flexibility to provide for professional discretion in clinical decisions with individual patients. It is not appropriate to intrude on professional or clinical practice to the extent of making it an offence for a doctor to prescribe benzodiazepines for longer than a specified period. Doing so may compromise the treatment of many of the patients who are legitimately being treated with benzodiazepines.

**Dot point 3:
Supported in principle**

The Victorian Government supports measures which limit prescription drugs being available via the Internet to supplies on legally obtained prescriptions, including those prescription drugs subject to misuse/abuse.

The issue of the abuse of prescription drugs and their sale over the internet has also come under increasing scrutiny from the United Nations International Narcotics Control Board (INCB). In recent years, the INCB's annual reports have continually noted the importance of multinational efforts for stopping the diversion of prescription drugs via the internet. In response, in late 2004 and early 2005, the INCB convened two meetings of experts to discuss possible solutions for the international challenge of shutting down illegal internet pharmacies. Later in 2005, the United Nations Commission on Narcotic Drugs passed a resolution calling for international cooperation between member nations in order to end illegal internet drug sales. In one of its strongest warnings to date on the subject, the INCB's most recent 2006 annual report cautioned that the abuse and trafficking of prescription drugs will soon surpass illicit drug abuse. Moreover, the report states that the illegal sale of prescription drugs via the internet continues "unabated," and it recommends specific actions to be undertaken both by member country governments and by the United Nations Office on Drugs and Crime in order to halt these sales.

The Victorian Government will monitor developments at the United Nations towards stopping unauthorised Internet access to prescription drugs including progress by the United Nations International Narcotics Control Board and the United Nations Office on Drugs and Crime.

Section Five: Treatment and management approaches

5.1 *Alternative treatment models*

Recommendation 21

Investigate emerging treatment models as alternatives to prescribing for anxiety, sleep disorders and pain management. These alternatives would include nonpharmacological treatments such as cognitive behavioural therapy, light therapy.

Supported

The Victorian Government recognises the need to ensure that the public has access to a full range of evidence-based treatments for common health issues such as anxiety, sleep disorders and pain management. Accordingly, the government supports investigation of emerging, non-pharmacological alternatives to complement the range of appropriate pharmacological treatments for conditions such as these. Attention should be given to investigating the value of non-pharmacological treatments, such as cognitive behavioural therapy and light therapy, both as alternatives to pharmaceuticals and also as complementary to the pharmacological approach, as part of a range of effective treatments.

The Department of Human Services will also continue to support the Reconnexion agency to provide training and information to primary health services and the public. Reconnexion specialises in training, secondary consultation and counselling. It utilizes and advocates counselling and other non-pharmacological methodologies for treatment of anxiety, depression and recovery from dependence on benzodiazepines.

Recommendation 22

Investigate emerging treatment models including non-pharmacological treatments for benzodiazepine and opioid analgesic dependency and withdrawal.

Supported in principle

The Victorian Government recognises the need to ensure that the public has access to a full range of evidence-based, best practice treatments for benzodiazepine and opioid analgesic dependency and withdrawal. A range of treatments is already available for these conditions within the funded drug treatment service system, including various counselling modalities, residential and non-residential withdrawal and the use of pharmacotherapy reductions.

Best practice in treatment of benzodiazepine and opioid analgesic dependency and withdrawal begins with a thorough medical and psychosocial assessment. This assessment indicates and forms the basis of the treatment required, which may include various pharmacological and non-pharmacological supports and interventions.

Further, the Department of Human Services has contracted Turning Point Alcohol and Drug Centre to conduct the Benzodiazepines: Treatment Capacity Building project.

Victorian Government response to the DCPC *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs*: May 2008.

This research project will undertake a review into current best practice for benzodiazepine related treatment. It will explore benzodiazepine users' treatment needs. It will map the treatment modalities currently available to benzodiazepine users in the Victorian drug treatment service system and assess their effectiveness in responding to benzodiazepine use. In its second stage, the project will develop an intervention to increase the capacity of Victorian drug treatment services to meet the needs of benzodiazepine users. The project will be completed by the end of June 2008.

Recommendation 23

Provide resources to establish additional specialised treatment services for pain management.

Supported in principle

The Victorian Government recognises the need to expand the capacity of the existing multi-disciplinary pain management clinics to enhance their ability to provide services to drug dependent people.

The Department of Human Services is in the process of commissioning a review to identify an appropriate model(s) for the provision of chronic pain management services across Victoria which will consider:

- Eligible/target population for chronic pain management services
- Goals and objectives of chronic pain management services
- Model(s) of care
- Relationships with other service providers

This review is scheduled to commence in May 2008 and will inform the future development of chronic pain management services across the state including the need for any expansion of chronic pain management services.

Recommendation 24

Consider using existing facilities such as Community Health Centres as appropriate locations for developing services for treatment and management of anxiety, sleep disorders and pain, including outreach services, which address patient needs in a holistic manner.

Supported in principle

The Department of Human Services will consider the capacity of Community Health Services (CHS) to accommodate this recommendation.

Whilst Community Health Centres could be considered as appropriate locations for developing the services outlined, there are several factors that would need to be further explored.

Consideration will need to be given to the physical infrastructure and capacity of existing CHS, staff training and support needs, and availability of specialist services across a range of disciplines.

5.2 *Specific treatment centres*

Recommendation 25

Establish benzodiazepine-specific treatment services, including in-patient withdrawal.

Not supported

Currently, the Victorian Government's general approach is to provide drug treatment services in the community that have the capability to treat all drug types, including benzodiazepines and opioid analgesics. The Government seeks to ensure that services are accessible to all kinds of drug users. Accordingly, almost all funded Victorian drug treatment services, including withdrawal services, treat benzodiazepine dependence.

This continues to be the most appropriate approach for several reasons. Firstly, there is a considerable and growing extent of polydrug dependence in the community. Therefore, while the Victorian Government does currently fund one benzodiazepine-specific treatment service, it may be counter-productive to expand that capacity without evidence of specific additional demand for such services. Secondly, the skill base required to treat benzodiazepines effectively is essentially the same as that required to treat other drug classes. Treatment involves the same categories of professional workers. Also, in many cases, the most effective treatment for benzodiazepines requires a multi-disciplinary approach that involves both general practitioners and drug counsellors. Therefore, especially in areas where there are low numbers of benzodiazepine dependent people, it would appear more effective to support the current approach, in preference to developing specific benzodiazepine dependence services.

However, the Victorian Government recognises the need to ensure that the public has access to a full range of evidence-based treatments for benzodiazepine dependence. Accordingly, the government 'supports in principle' the investigation of emerging treatment methodology to complement the current range of appropriate treatments for this condition.

5.3 *Self-help groups*

Recommendation 26

Facilitate and provide grants to develop a network of Self-Help Groups within metropolitan and rural and regional Victoria for people misusing and abusing prescription medications.

Supported in principle

The Victorian Government recognises the need to ensure that the public has access to a full range of evidence-based treatment and support options for people misusing and abusing prescription medications. Currently, funding is provided to a small number of 'self-help', or 'peer-support' groups for specific target populations, such as drug dependent women and the families of drug dependent people. This type of service can be very valuable, both as an adjunct and, in some cases, as an alternative to professional services. Funding agencies to coordinate such groups can also be a very cost-effective way of deploying limited resources.

5.4 Services

Recommendation 27

Provide additional funding to withdrawal and treatment services to develop specialised programmes for those wishing to withdraw and/or seek treatment from prescription drug dependency and abuse.

Supported in principle

The Victorian government's current approach is to provide drug treatment services in the community that have the capability to treat all drug types, including benzodiazepines and opioid analgesics. Accordingly, almost all funded Victorian drug treatment services, including withdrawal services, treat dependency to prescription drugs.

However, the Victorian Government recognises the need to ensure that the public has access to a full range of evidence-based treatments for benzodiazepine dependence. Accordingly, the government 'supports in principle' the investigation of innovative, emerging methodologies that complement the current range of appropriate treatments for this condition.

The Government has funded Turning Point Alcohol and Drug Centre to undertake a Benzodiazepines Treatment Capacity Building Project, including a literature review, service mapping, exploration of users' expectations and needs, and investigation of the capacity of specialist and community based service providers to respond to benzodiazepine use.

Recommendation 28

Extend the current length-of-stay for patients withdrawing from benzodiazepines and provide additional support to outpatients.

Supported in principle

The Victorian Government recognises the need to ensure that the public has access to the best evidence-based treatment and support for people misusing and abusing

prescription medications. It is understood that some benzodiazepine users may need episodes of care that are longer than average and also, additional outpatient support.

While Victoria's funded residential drug withdrawal services are required to work with an average length of stay of six days, it is emphasised that this figure is meant as an average. No actual upper limit is currently specified for lengths of stay. Services are encouraged to provide the most appropriate treatment to meet each client's needs, as indicated through a thorough medical and psycho-social assessment. That is also the case for the home-based, outpatient and post-withdrawal services. Further, there is a range of counselling and rehabilitation services that are able to provide longer-term support to clients in need.

It should also be noted that the best practice treatment for withdrawal from benzodiazepines is different from other drugs. For most drug classes, when clinically indicated, residential withdrawal is made available as one continual stay, ranging from a few days to over a week. For benzodiazepines, first the person's dose is stabilised, then steadily reduced in steps over a period that may last several months.

However, due to its long duration and relative safety, benzodiazepine withdrawal can usually be undertaken on a home-based or outpatient basis. Residential or hospital-based withdrawal is usually only required in the initial phase; and only where medical practitioner and home supervision are not available, or in cases involving serious withdrawal symptoms and concurrent illness.

Recommendation 29

Provide further resources to drug treatment agencies in rural and regional Victoria to allow services to meet the needs of the rural communities.

Supported in principle

The Victorian Government recognises the need to ensure that the public has access to the best evidence-based treatment and support for people misusing and abusing prescription medications, regardless of geographic location.

Accordingly, core funding for drug treatment services in Victoria has been distributed with reference to the Index of Relative Socio-Economic Disadvantage (IRSED), as well as population density. The IRSED was derived by the Australian Bureau of Statistics from the 2001 Census of Population and Housing. It includes variables such as low income, low educational attainment, high unemployment and people in low-skilled occupations. Applying the IRSED, as well as a further weighting in favour of rural and remote areas, in the distribution of funding for services, promotes equity for rural regions by ensuring that they are 'compensated' to some degree for any additional costs associated with meeting the needs of rural communities.

Since July 2007 all funded residential based alcohol and drug treatment agencies provide services which are available for Victorians from across the state, rather than limited to specific regions.

5.5 *Extension of consulting times*

Recommendation 30

Request the Victorian Minister for Health to propose at the next Australian Health Ministers' Conference that the Commonwealth Government through Medicare Australia develop extended consultation times and Medicare billing allocation codes which allow doctors to adequately discuss anxiety, sleeping disorder and pain management with their patients.

Supported in principle

In the current Australian Health Care Agreement negotiations, there are a range of reform options regarding the introduction of Medicare Benefits Schedule (MBS) numbers. The Victorian Government will take this recommendation into account as part of these deliberations.

Recent changes to the MBS in relation to mental health services provide an appropriate framework for consulting with patients regarding anxiety and sleeping disorders.

The 2006-07 Federal Budget contained a commitment to provision of better access to a range of improved mental health care services through Medicare so that mental disorders can be addressed more effectively with a range of new assistance provided to people with mental disorders and their families.

The items under the Better Access Program provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, and provide new referral pathways to clinical psychologists and other allied mental health service providers. These items specifically cover anxiety and sleep disorder as conditions that should be considered by GPs in utilising the Better Access Program and includes coverage of relaxation strategies (progressive muscle relaxation, controlled breathing) that can be provided by Medicare registered general psychologists, social workers and Occupational Therapists or by GP providers of focused psychological strategies.