

Impact of scheduling restrictions on non-prescribed alprazolam use among people who frequently inject drugs

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Background

- Alprazolam is a benzodiazepine that is used as an adjunct treatment for panic disorder
- Australian alprazolam prescription rates have doubled in the past decade (to 6 defined daily doses per 1,000 population/day in 2001), with a particular increase in prescription of the strongest (2mg) tablets
- In concert, there has been a substantial rise in accidental overdoses involving alprazolam, with >44 deaths per annum in NSW alone, the majority of which relate to people with injecting histories (PWID) and involve co-incident opioid use
- Studies of IDRS participants demonstrate that there is incrementally greater adverse events associated with alprazolam use over other benzodiazepine use
- In response to this, there was a national change in regulatory restrictions in February 2014, where alprazolam was changed from a prescription-only (Schedule 4) to a controlled drug (Schedule 8), meaning that an authority prescription is required if a patient is declared 'drug-dependent' or if the medication is prescribed for more than 8 weeks
- In this study, we examined patterns of alprazolam use in the national IDRS samples in 2011-14 to examine the impact of this regulatory change on illicit (non-prescribed or injection of prescribed alprazolam) use of alprazolam

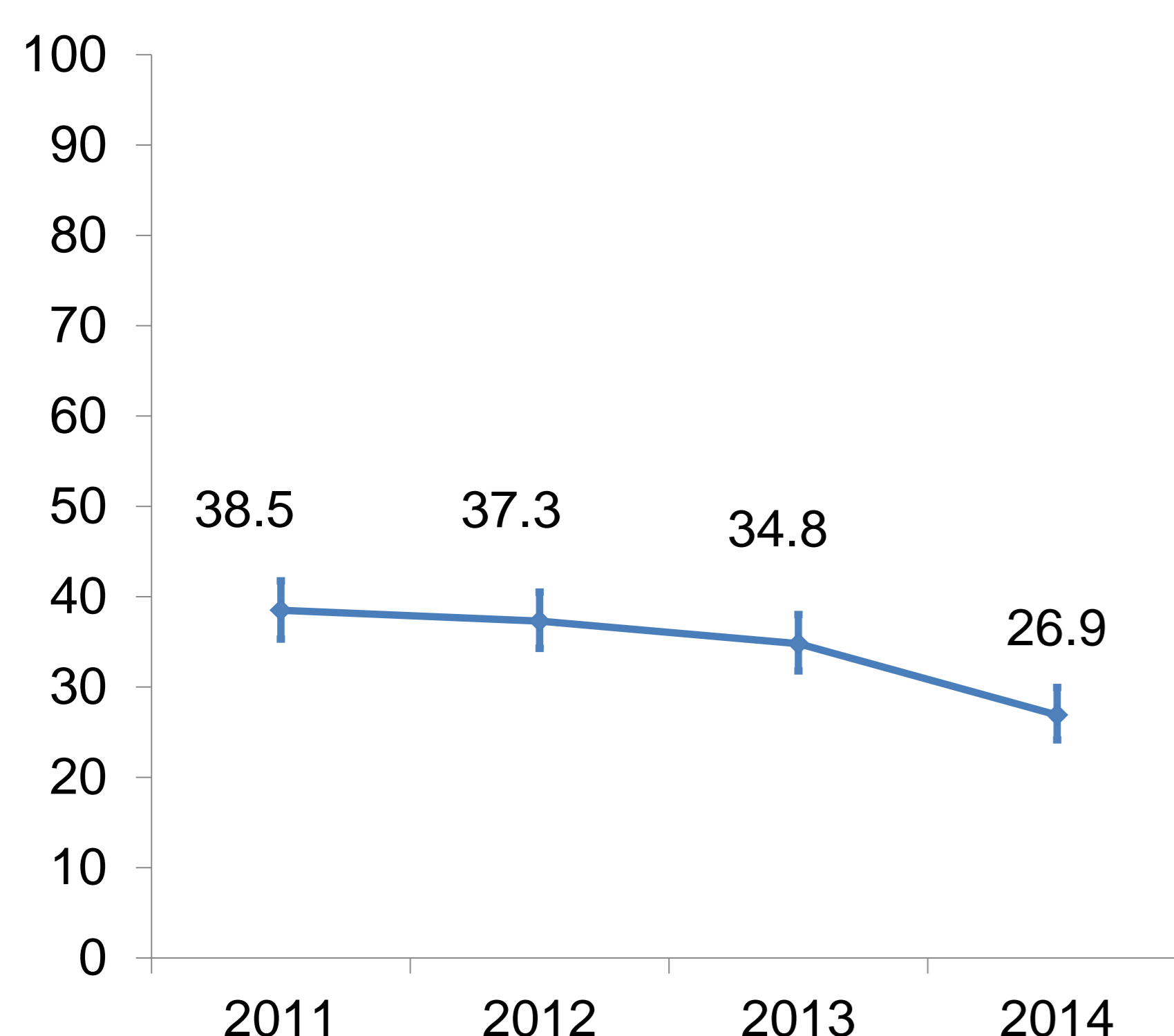
Associations between alprazolam use, health and crime among IDRS PWID participants, 2011-2013

IDRS 2011-13	No BZD use (n=488)	BZD use (not alpraz) (n=315)	Alpraz use (± other BZD) (n=641)
	%	AOR	%
Male	70	1.12	65
Unst. Accom	20	0.90	29
Daily IDU	40	1.10	46
OST	38	0.71*	59
Anx dx	14	0.56*	33
Psych distress	21	0.62**	49
Arrested	29	1.19	45
Any crime	29	0.97	33

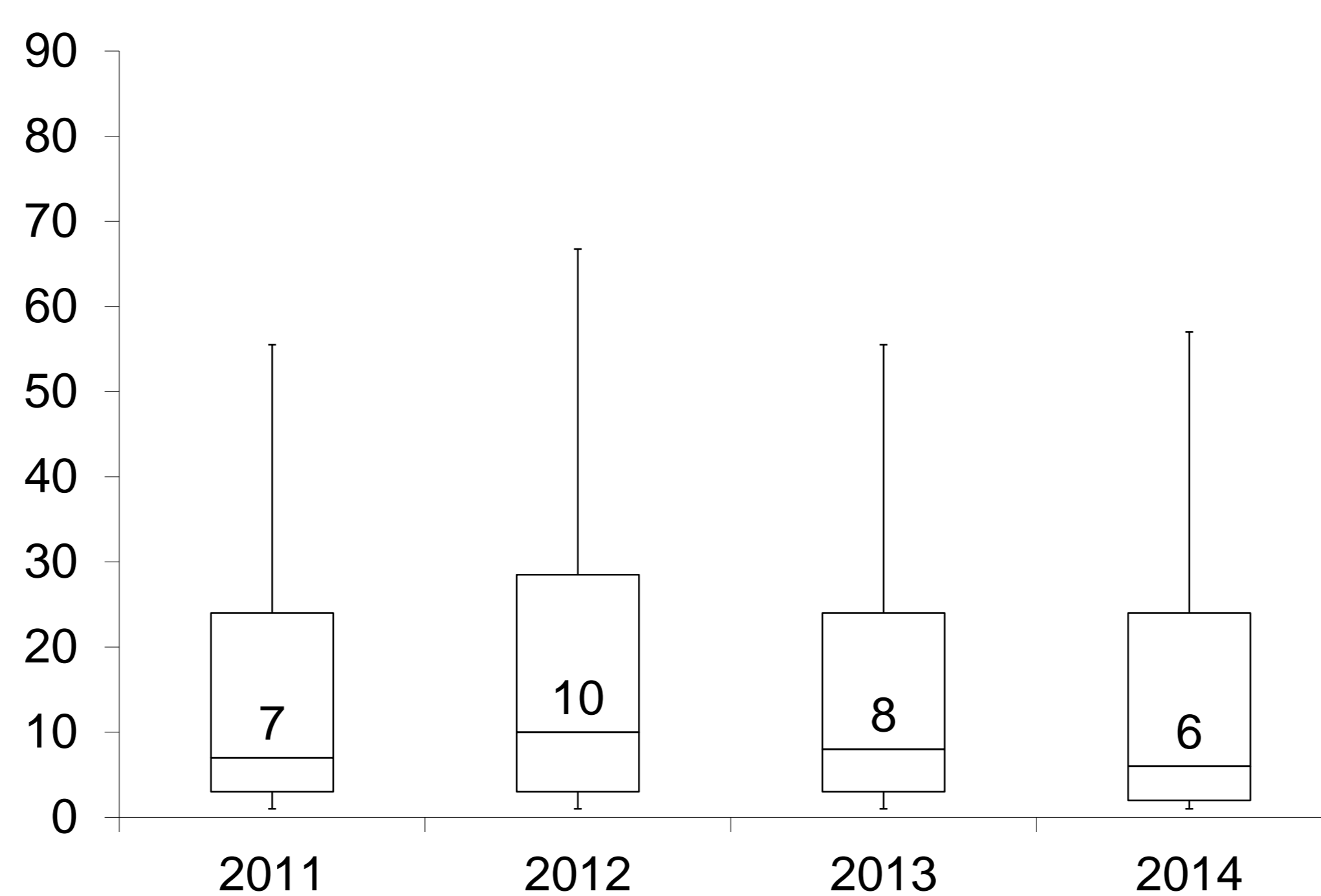
Controlling for: age, sex, education, unemployment, accommodation, frequency of injection, drug types injected, OST, health service utilisation, physical function, sharing, anxiety dx. Alprazolam use was associated with MH function (SF-12 MHS -2SD) despite controlling for anxiety dx, and greater crime involvement despite controlling for IV frequency, unemployment. The relationship between the days of alprazolam use and days of crime involvement remains significant even after controlling for the frequency of other benzodiazepine use

Did alprazolam use change?

Proportion of IDRS participants using illicit alprazolam in past 6 months



Median frequency of illicit alprazolam use in the past 6 months



Specific patterns of past 6 month alprazolam use among 2013 and 2014 IDRS participants

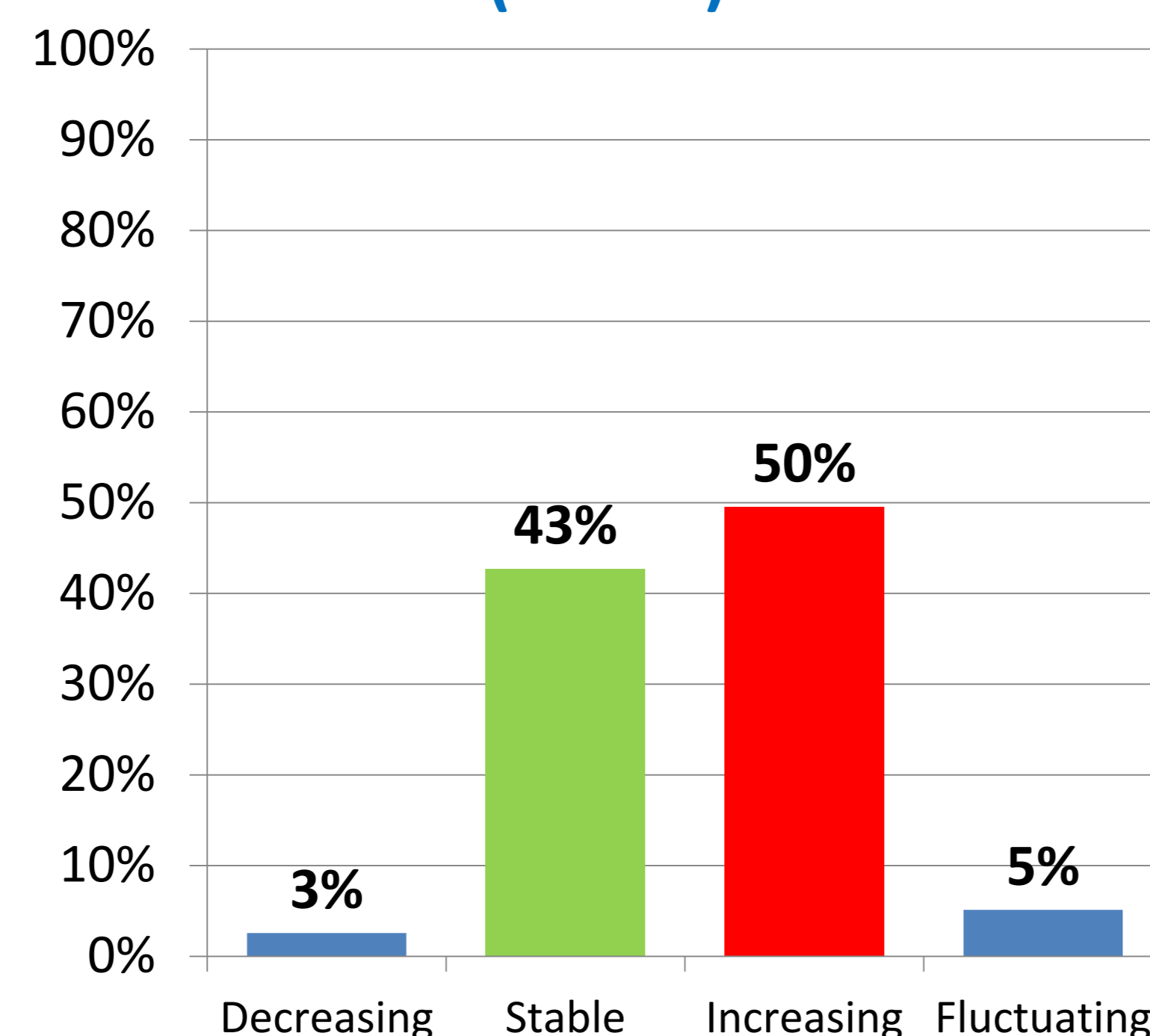
	2013 N=887	2014 N=898	p
Any licit	9.5% (n=84)	7.2% (n=65)	0.105
Days licit	158 (1-180)	74 (1-180)	0.065
Any illicit	34.8% (n=309)	26.9% (n=242)	<0.001*
Days illicit	8 (1-180)	6 (1-180)	0.134
Any IV	5.1% (n=45)	3.0% (n=27)	0.036*
Days IV	4 (1-180)	4 (1-100)	0.870

Did alprazolam price change?

Prices paid for alprazolam

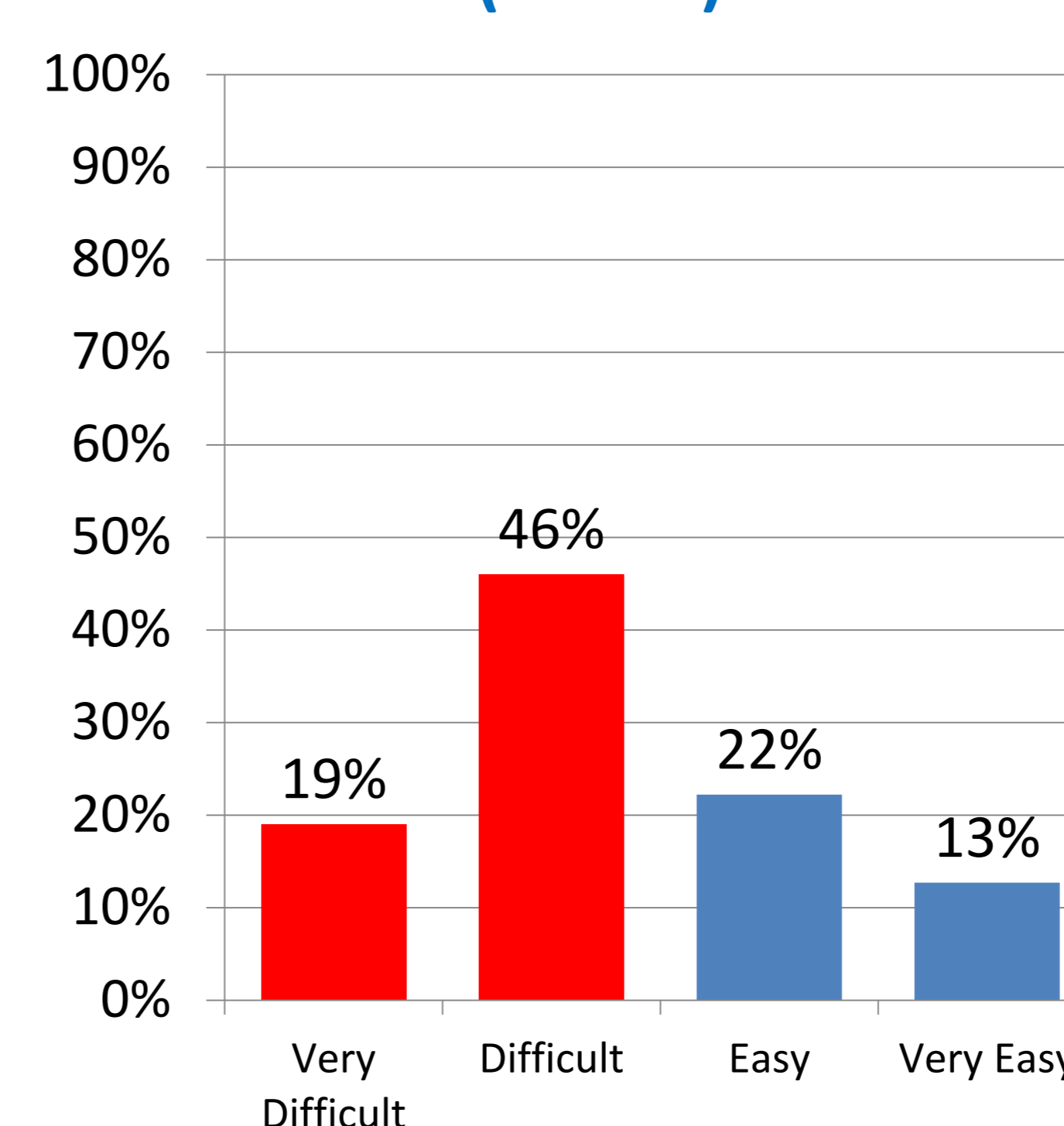
	2013	2014	p
0.5mg	\$3 (\$3-5) n=3	\$3 (\$3-5) n=3	0.637
1.0mg	\$5 (\$2-10) n=7	\$5 (\$2-15) n=7	0.554
2.0mg	\$5 (\$1-20) n=114	\$7 (\$2-40) n=101	0.008**

Price changes since February 2014 (n=117)

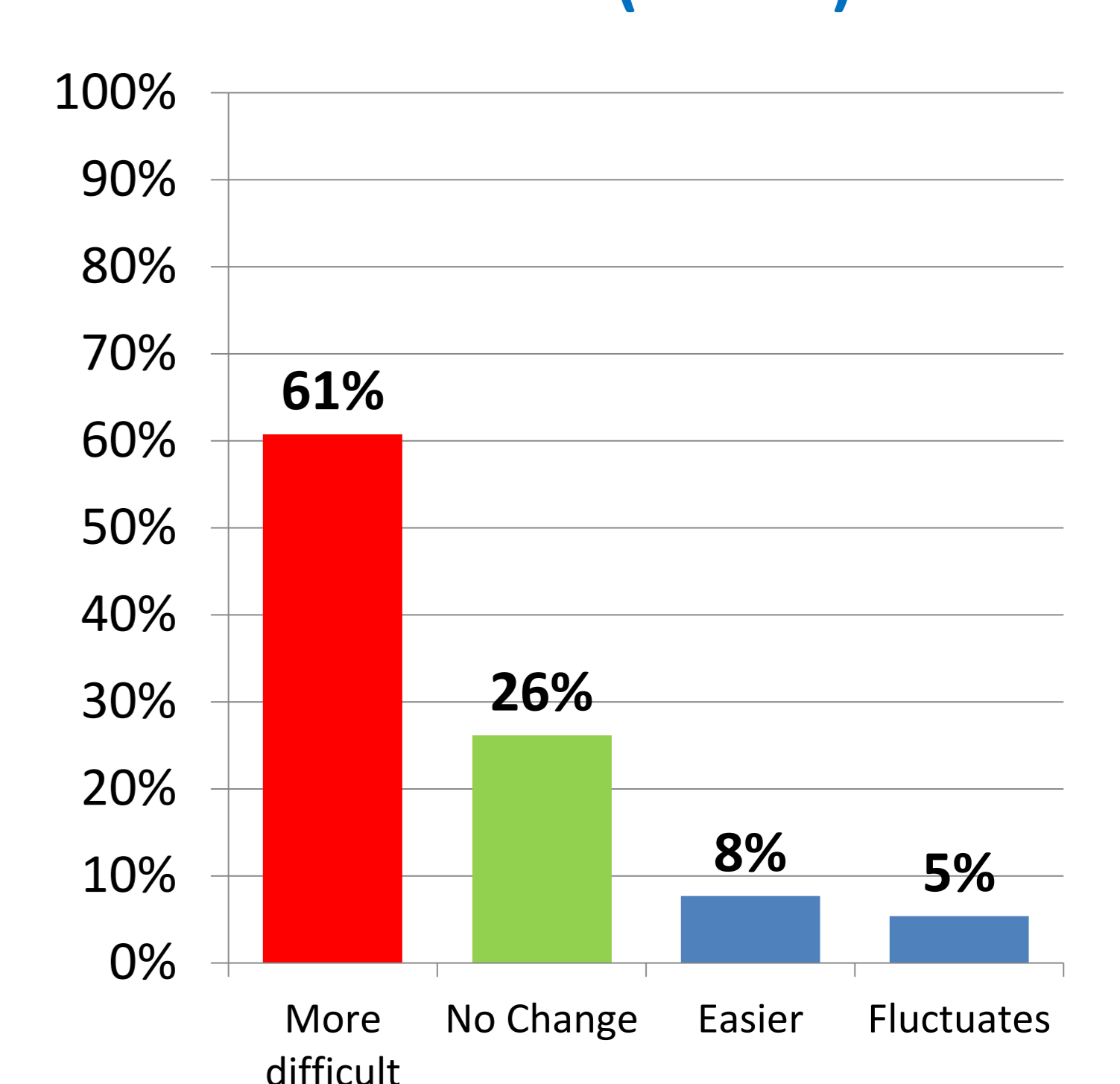


Did alprazolam availability change?

Ease of access since February 2014 (n=126)



Access change since February 2014 (n=130)



Summary

The rescheduling of alprazolam appears to have produced some reduction in extramedical use of the drug, with rates of illicit use among IDRS participants declining from one in three to one in four; price increasing and availability decreasing. However, two-thirds of those using alprazolam prior to the policy change continued to do so in the months afterward. Given the significant mortality and morbidity associated with alprazolam use, alternative interventions to reduce use in this population are warranted. Collaborative interventions in partnership with consumers and health intervention workers would likely produce additional benefit.

Acknowledgements

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