Mixing tranx and street drugs

Benzodiazepine dependants need help – but should drug agencies be the helpers?

CONTINUING CONCERN about dependence on prescribed benzodiazepines, fuelled by the publicity surrounding the current litigation against the manufacturers, has resulted in more clients being prescribed these drugs presenting for help and advice. Where should they be referred, and is it appropriate for drug agencies – set up principally to deal with illicit drug use – to take responsibility for them?

In trying to answer these questions I have drawn on our experience in the Wessex Regional Health Authority since the setting up of the regional drug problem team in 1985. Then most districts had no services for drug misusers, and those that did were geared to dealing with chronic opiate users. As community drug teams (CDTs) were set up, their staff – many with little experience in working with drug misusers – were prepared to take on anybody with a drug problem. Wessex began region-wide data collection in 1987, and early returns showed that as many as half the clients of these new drug teams had prescribed benzodiazepine problems.

There were a number of reasons for this: the teams were set up at a time of considerable media publicity about the dangers of tranquilliser dependence; staff felt more comfortable dealing with these often more couth and cooperative clients; and, lastly, it takes time for a new service to develop street credibility and attract illicit drug users. This proved to be the case, as the proportion of illicit users among the teams' clients steadily increased, now constituting the majority.

Wessex's regional database returns help clarify the current situation. Between October 1990 and September 1991 the number of new clients with prescribed benzodiazepine problems totalled 140. Most will have presented to drug agencies. The number of new clients presenting with a primary problem of 'street' use of the same drugs totalled just 91 during the same period. These represent only a small proportion of drug problem clients presenting to agencies: for prescribed benzodiazepines, 5 per cent, and 3.5 per cent for street users.

Portsmouth's Drug Advice Centre provides under the same roof an informal drop-in advice and information centre as well as treatment services. In 1986, following an increasing number of referrals of benzodiazepine users to the service, we added a specific clinic for these clients. The numbers referred to the clinic – and most are referred by GPs – peaked in 1988, and over the last year or two have held steady at two or three new referrals a month.

What lessons have we learned from our experiences? It's clear that there are a number of *advantages* in seeing benzodiazepine clients at the same service as those with illicit drug problems:

- Drug services have made an effort to make themselves easily accessible and user friendly; they are usually quite well advertised. Clients don't have to make an appointment, there is no waiting list; the atmosphere is informal and not medical. This should encourage benzodiazepine clients, who may feel particularly apprehensive at facing doctors in a hospital environment – after all, the very nature of their problem may be taken to imply criticism of doctors and their prescribing.
- Staff working in drug services understand dependence: they know that coming off drugs can be a long, drawn-out and difficult business, and that withdrawal symptoms can be unpleasant; they are used to dealing with clients who may be pyschologically dependent. In psychiatric practice, clients with persistent symptoms and difficulty in stopping benzodiazepine use may be seen as displaying neurotic symptoms or suffering from an underlying personality disorder. This risk of psychiatric labelling should be less in a service used to dependence problems.

Consumer demand

What about the *disadvantages* of mixing benzodiazepine clients with illicit drug users?

- Another sort of labelling may occur, with the benzodiazepine client being viewed as a 'drug addict' and identified with illegal activities. Clients may be deterred from presenting themselves for help for fear they will be stigmatised in this way.
- Our experience has been that prescribed benzodiazepine clients – mostly middle-aged women – often feel ill at ease in the same waiting area as young, mostly male street users. We made available a separate waiting area for the benzodiazepine clients who began meeting before and after their appointments (this developed into a thriving self-help group). In the light of this we have recently moved one of our benzodiazepine clinics to a nearby health centre – a popular move with the clients.

A COMPREHENSIVE drug service should be able to provide a good specialist service to those with problems with prescribed benzodiazepines; we should, however, be sensitive to the needs of these clients, which differ somewhat from those of illicit users. However, drug agencies do not have a monopoly in this area; others can provide such a service, including clinical psychologists, psychiatrists, nurses and clinical pharmacologists. Perhaps more important than who provides it, benzodiazepine clients need a service which provides both expertise and sympathetic understanding. ■

by
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