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# The use of benzodiazepines within the Traveller community

An overview of the extent of the problem  
with recommended actions for change



# ***'The Use of Benzodiazepines within the Traveller community'***

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This report was compiled by Pavee Point Drugs Programme in consultation with local Traveller organisations. Special thanks to Lisa Deegan, NUI Maynooth, for her assistance with analysing the data.

**Pavee Point Drugs Programme** was established in 2000 and seeks to strengthen Travellers' participation in responding to substance mis-use issues. The central focus of the programme is the promotion of Traveller inclusion in national, regional and local responses being developed to address substance misuse and to support Traveller organisations in tackling this issue within their own community.

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# ***Table of Contents***

	<b><i>Page</i></b>
<i>Introduction</i>	<b>4</b>
<i>Methodology</i>	<b>4</b>
<i>Context</i>	<b>4 -5</b>
<i>Findings</i>	<b>5</b>
<i>Impact of mis-use/Over-prescribing</i>	<b>7</b>
<i>Response to the issue</i>	<b>8</b>
<i>Recommendations for Action</i>	<b>8 - 10</b>
<i>Conclusions</i>	<b>10</b>
<i>Appendices</i>	<b>11</b>
<i>References</i>	<b>12</b>

## *Introduction*

The widespread use of benzodiazepines has been a cause for concern for many years by organisations within the drugs sector culminating in the establishment of the Benzodiazepine Committee and subsequent publication of the Good Practice Guidelines for Clinicians in 2002<sup>1</sup>. Benzodiazepine refers to a wide range of drugs used as hypnotics, anxiolytics, tranquillisers, anticonvulsants and sedation. Synonyms include sleeping tablets and tranquillizers while they are also known by their street names such as nerve tablets, benzos, valies, sleepers and downers<sup>2</sup>.

It is nearly a decade since these good practice guidelines were published with no visible impact on prescribing practices or usage. The lack of regulation has many adverse effects on the community – dependency, drug driving, workplace accidents and the creation of a black market to name a few.

This report came about following numerous accounts of socio-economic problems stemming from benzodiazepine dependency amongst the Traveller community. It examines the use of this particular group of drugs by the Traveller community based on anecdotal evidence collected by local Traveller organisations around Ireland. It also sets out some recommended actions that could be implemented to effectively tackle the problem.

## *Method*

A questionnaire was disseminated to Traveller organisations working with their local community in order to assess their knowledge of the prevalence of benzodiazepine use and prescribing practices of clinicians in their area. A total of 12 questionnaires were returned upon which this report is based. These responses cover various regions of Ireland showing that this is not just an urban issue. A list of contributors is provided in appendix 2.

It is important to bear in mind that the findings contained herein are based on local, anecdotal evidence and may not be representative of the entire Traveller population. However, they do provide an indication of the extent of the problem, highlight the need for further research and the need to revisit the original guidelines with a view to develop tighter prescribing protocols.

Following the collection of the initial findings, a national consultation process<sup>3</sup> was held with Traveller organisations and service providers in order to develop recommended actions to alleviate the problem.

## *Context*

Previous reports<sup>4</sup> examining the use of benzodiazepines have tended to focus on a particular sub-group of the general population i.e. those with an existing addiction and/or those engaging in drug and alcohol support services. This report highlights the fact that the problem of benzodiazepine use and over prescribing practices are not exclusive to Travellers with a pre-existing alcohol or drug addiction. Therefore, the NDTRS stats on the prevalence of benzodiazepine use only reflect the issue amongst the drug/alcohol addicted Traveller population. While it is essential to continue to

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<sup>1</sup> 'Benzodiazepines: Good Practice Guidelines for Clinicians', Dept of Health & Children, 2002.

<sup>2</sup> A reference list of pharmacological names for this group of drugs is included in the appendices.

<sup>3</sup> Consultation process took place on July 26<sup>th</sup> 2011 as part of the Traveller Drug Network

<sup>4</sup> National Drug Treatment Recording Statistics, HRB

gather these figures, they do not highlight the real extent of the problem within the entire community i.e. Travellers who are most likely to fall between the gaps of support services and who may not consider their benzodiazepine use a problem.

The Report of the Benzodiazepine Committee acknowledges that the prescribing of these drugs is highly effective in the treatment of certain conditions and is necessary in some cases but also adds that, 'nearly all the disadvantages of benzodiazepines have resulted from inappropriate long term use'.<sup>5</sup>

The good practice guidelines developed, as part of this committee's remit, point out a number of recommendations that clinicians should refer to when prescribing benzodiazepines to patients and how to review usage. These recommendations provide advice for clinicians but do not constitute a clear directive, therefore prescribing of benzodiazepines is still very much led by individual clinicians and can be influenced by patient demands. It should be noted that many clinicians adhere to these recommendations and only prescribe these drugs when all other alternative forms of treatment have been explored.

The Benzodiazepine Committee decided to produce practice guidelines rather than implement regulatory protocols as it was felt that, 'this would be impractical because of the high level of legitimate medical usage of these drugs.' Pavee Point Drugs Programme believe that this rationale for developing guidelines over protocols needs to be re-examined in light of these findings.

### *Findings*

This report outlines numerous issues resulting from the mis-use of and/or over prescribing of benzodiazepines as experienced by the Traveller community. Traveller organisations stated that these issues are experienced at every level from the individual, the immediate family and to the wider community.

There was unanimous agreement that the use of benzodiazepines was a problem for the Traveller community in each of the regions covered by the responding organisations. Half of all respondents(n=6) also felt that the level of usage has increased over the past two years while the remainder were unsure.

### *Prescribing practices*

Organisations reported many concerns regarding the prescribing practices of benzodiazepines leading to increased dependency on this group of drugs. The top three most commonly reported problems with prescribing practices include:

- 1) Treatment not regularly reviewed(n=9)
- 2) Treatment prescribed for longer than 4 weeks(n=9)
- 3) Referrals to support services not made(n=9)

The occurrence of each of these issues contravenes the recommendations made in the good practice guidelines of 2002 and highlights the need for new regulations to be implemented if the

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<sup>5</sup> The Report of the Benzodiazepine Committee, Dept of Health & Children, 2002, Pg 5

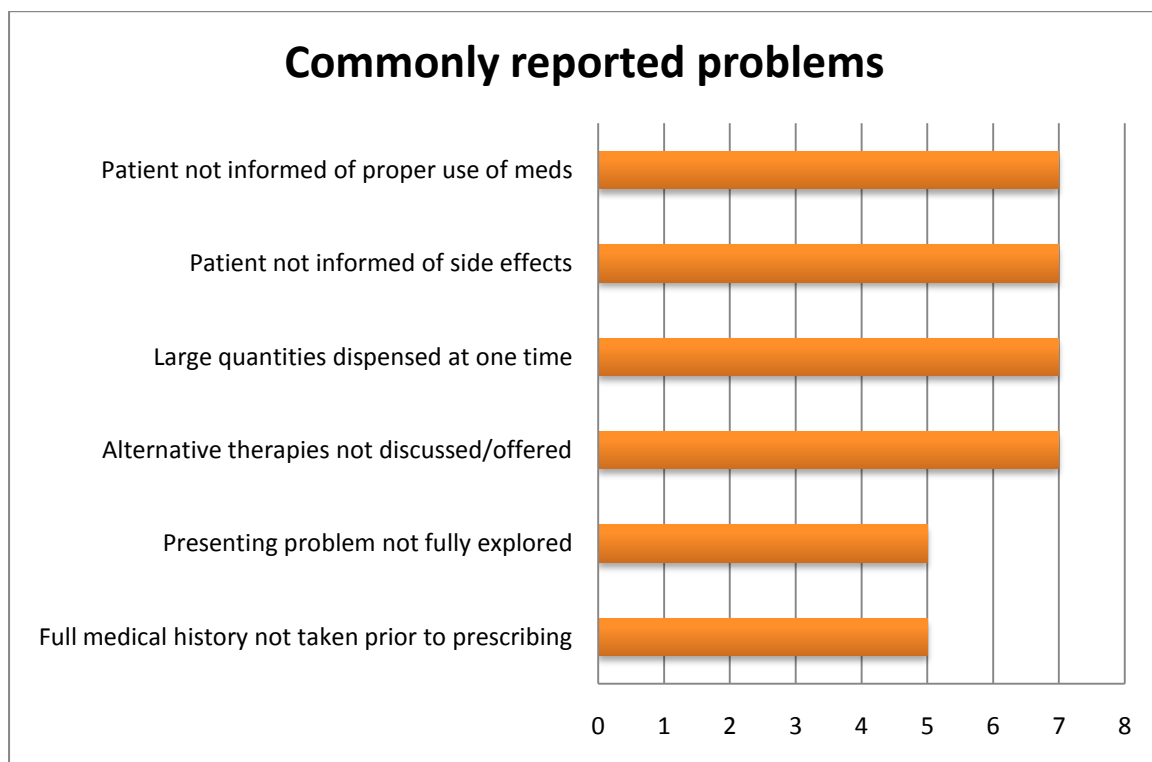
issue is to be tackled effectively. National and international good practice indicates that benzodiazepines should not be prescribed for more than 2 to 4 weeks. Organisations reported that prescriptions for up to two months were being given to some clients. Resolution 44/13 of the Commission on Narcotic Drugs, which informed the Benzodiazepine Report, states health care professionals need to consider, 'the setting of precise indications and prescriptions for the shortest possible period of time.'<sup>6</sup> These findings show that this is clearly not being adhered to. Table 1 below highlights the remainder of the responses.

Knowledge of general practitioners who prescribe large quantities of benzodiazepines, without asking too many questions, spreads fast. Organisations are finding that people will travel long distances in order to obtain prescriptions from these particular GPs.

Another identified issue is the obtaining of benzodiazepine prescriptions from more than one GP. Individuals then have access to huge quantities of legally prescribed medication that they then take themselves, give to others or sell on the black market.

There are also reports that some Traveller women are obtaining prescriptions for their husbands without them receiving a full medical consultation. In some cases, once a prescription has been previously written. Travellers only have to phone up their GP in order to get a repeat prescription filled. This practice, again, contravenes the practice guidelines.

**Table 1: Most commonly reported problems with benzodiazepines by Traveller organisations**



<sup>6</sup> Resolution 44/13. Contribution to the appropriate use of benzodiazepines, The commission on Narcotic Drugs.

### *Prevalence of use*

The overuse of benzodiazepines was reported to be more prevalent amongst adult Travellers with Traveller women identified as being most at risk of forming a dependency. This gender difference mirrors that of the majority population<sup>7</sup>.

Traveller organisations reported that there appears to be a misconception that benzodiazepines are not harmful as they are prescribed by a medical professional. This leads to increased use and a reluctance to accept that there is a problem on an individual and community basis.

It was also noted that the overuse of medication is causing safety issues in homes and on the roads. Cookers, heating appliances and stoves are left unattended for long periods of time while someone is under the influence of these medications leaving their home and family members at risk. Drug driving is also another potential hazard as improper use impairs a person's ability to drive safely. Again, this is cited in Resolution 44/13 on the contribution to the appropriate use of benzodiazepines.

### *Improper use of medication*

Organisations reported that the majority of Travellers that they were engaging with were not taking their medication as prescribed as they were not aware of how to do so. In most cases, people were taking larger doses than prescribed by their clinician.

Traveller organisations found that people tended to mis-use their medication in one of the following ways:

- 1) Take all their medication over a shorter period in an attempt to feel better quicker e.g. taking a week's supply in two days
- 2) Self-medicate regularly i.e. increased their daily dose depending on how they were feeling or what was going on for them that day without being reviewed by a medical practitioner
- 3) Shared their medication with other Travellers who seemed to have the same problem as them e.g. sleeping tablets or anti-depressants being given to others

### *Impact of mis-use/over prescribing*

The overuse of benzodiazepines can impact on a person's behaviour making them unpredictable while also impairing their ability to remember what they have done. This problem can be exacerbated when a number of substances are ingested.

The improper use of benzodiazepines, or combining their use with other substances, can also cause death by poisoning. The National Drug Related Death Index has seen an increase in the number of deaths recorded where benzodiazepines were a factor<sup>8</sup>.

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<sup>7</sup> 'Problem benzodiazepine use in Ireland: treatment (2003 to 2008) and deaths(1998 to 2007)', HRB, 2010

<sup>8</sup> *ibid*

Traveller organisations also reported concerns that the use of benzodiazepines is seen as a way of coping with life circumstances leading to increased normalisation of their use which will impact on future generations of Travellers.

### *Responses to the issue*

Half of all organisations (n=6) reported no local responses to the over prescribing and usage of benzodiazepines. Two organisations stated that the local response involved education and awareness raising initiatives with Traveller Primary Health Care programmes where the information is then disseminated to the Traveller community.

In all cases, respondents stated that a major awareness/education campaign needed to be devised in order to inform the Traveller community on the purpose and correct use of benzodiazepines. The health implications of prolonged use and potentially fatal impact of poly-substance use also needs to be highlighted.

An appropriate response to address the issue should involve tackling two key areas:

- 1) Regulation of prescribing practices by clinicians
- 2) Awareness raising of the appropriate use of benzodiazepines within the Traveller community in order to change attitudes towards their usage

### *Recommended Actions*

Pavee Point Drugs Programme, as part of their quarterly Traveller Drug Network, organised a consultation process with service providers and Traveller organisations from across Ireland in order to develop recommended actions to address the issues highlighted in this report. It was agreed that a collaborative approach needed to be undertaken combining the efforts of the Traveller community, organisations and the Government if benzodiazepine use is to be tackled effectively.

Actions are required at three levels:

1. Local Traveller communities
2. Local & National Traveller organisations
3. Government

### **Action 1: Travellers' need support to ensure they can take ownership over their own health and the general well-being of their community**

*Suggested lead agencies: Members of the Traveller community in conjunction with local Traveller organisations*

Members of the Traveller community play a vital role in ensuring they receive the appropriate care from their clinician. This can be achieved by developing the community's capacity to ask questions during consultations, ensuring they are receiving the best care and re-balancing the doctor/patient relationship.

If a member of the Traveller community feels they have received poor care from a medical professional, they should be assisted by their local Traveller organisation to make a complaint through the existing Health Service Executive initiative, 'Have your say'.



## **Action 2: Pro-active measures need to be taken by Travellers if attitudes towards the sharing of prescribed medication are to change**

*Suggested lead agencies: Local and National Traveller organisations*

Attitudes regarding the commonly accepted practice of sharing prescribed medications need to be challenged and actively discouraged. Local and National Traveller organisations play a key role in educating members of the Traveller community and challenging this practice in order to break it.

## **Action 3: Raise awareness of alternative options other than prescribed medication**

*Suggested lead agencies: Irish medical council, Traveller counselling service & Pavee Point Drugs Programme*

All other options should be exhausted prior to the prescribing of benzodiazepines. GPs should refer patients to counseling if this is at all appropriate to treat their patient's condition. GPs should be made aware of the Traveller specific counselling services available to their patients as an option for alternative treatment.

The expectation of some Travellers that they will only be effectively treated when they receive a prescription for medication needs to be challenged at local and national level.

## **Action 4: A public awareness campaign needs to be developed and supported by the Drugs Advisory Group**

*Suggested lead agencies: Health Service Executive & the Drugs Advisory Group in consultation with local groups*

As this report highlights the level of benzodiazepine use amongst a cohort of a community not engaging with support services, the most effective way to spread the message would be through a national public awareness campaign. To overcome the literacy issue, a visual format such as a DVD was felt to be the most appropriate mechanism for disseminating the message. Alternatively, a national radio advert would have the same effect.

Local awareness raising initiatives examining the correct use of benzodiazepines should be undertaken by local and national Traveller organisations while the public awareness campaign is being developed.

## **Action 5: Classification of benzodiazepines needs to be re-examined**

*Suggested lead agency: Drug Advisory Group*

The most commonly abused benzodiazepines should have their classification re-examined from Schedule 4 to Schedule 3 to ensure tighter controls regarding their prescribing and storage. A phased in approach should be taken for individuals who have an existing dependency on benzodiazepines to avoid any potential negative side effects.

## **Action 6: A national monitoring system needs to be developed to record the number of benzodiazepine prescriptions per GP and individual**

*Suggested lead agencies: Health Service Executive, Irish Medical Council & the Irish Pharmacy Union*

A universal networked monitoring system needs to be developed across all dispensing pharmacies to capture the number of benzodiazepines prescribed per GP and to each individual. This system should alert dispensing pharmacists if the number of benzodiazepine prescriptions are above a

national average for a GP or if an individual has been prescribed too many within a particular period of time.

For this system to work effectively and to counteract the number of individuals using someone else's medical card, it should be based on PPS numbers and photographic identification. If an individual presents to a number of pharmacies seeking benzodiazepines to be dispensed this networked system will alert the pharmacist.

#### **Action 7: Current prescribing guidelines to be upgraded to protocols**

*Suggested lead agency: Drugs Advisory Group*

The current benzodiazepine prescribing guidelines, of 2002, need to be upgraded to clear protocols ensuring greater accountability and consistency amongst clinicians. Any clinician found to be in breach of these protocols should be answerable to the relevant authorities with repeat offences leaving them liable to be struck off the register.

The existing level of dependency for individuals needs to be taken into consideration should protocols be introduced. A suggested 'phase in' initiative providing support to such individuals would assist with the transition from guidelines to protocols.

#### **Action 8: National benzodiazepine helpline to be established**

*Suggested lead agency: Health Service Executive*

A national helpline, similar to the Quit Smoking helpline, should be developed to coincide with the launch of prescribing protocols. Any individual who is concerned about their level of benzodiazepine use can have access to immediate support while also maintaining their anonymity.

#### **Action 9: Measures need to be put in place to reduce the level of benzodiazepines available on the black market**

*Suggested lead agency: An Garda Síochána*

A Garda operation specifically targeting the number of illicit benzodiazepines making it into Ireland via the internet or smuggling through airports needs to be established. Close monitoring of inward deliveries from websites that sell such medication needs to be developed to reduce the number of illegal benzodiazepines making it to the streets.

### **Conclusion**

The use of benzodiazepines, within an Irish context, has consistently been raised as a cause for concern by addiction support groups and communities for over a decade now. During this time, many reports have been published highlighting the fact that there are large cohorts of the population that are dependent on this class of drugs. This report has set out nine suggested recommendations for action that, if implemented, would make an impact on the level of benzodiazepine use within Ireland in general.

Using current usage trends as an indicator, we can assume that the rates of dependency will continue to increase over the next ten years, unless direct action is taken.

### **Appendix 1: Benzodiazepine table**

<b>Category of drug</b>	<b>Name</b>	<b>Producer</b>	<b>Street name</b>
<b>Anxiolytics:</b> Anti-anxiety drugs	Diazepam	Valium	Vallies
	Alprazolam	Alprox Calmax Gerax Xanax	Xanies
	Bromazepam	Lexotan	
	Chlordiazepoxide	Librium	
	Clobazam	Frisium	
	Chlorazepate	Tranxene	
<b>Hypnotics:</b> Sleep inducing drugs	Flunitrazepam	Rohypnol	Date rape drug Roofies
	Flurazepam	Dalmane	
	Loprazolam	Dormonoc	
	Lormetazepam	Noctamid	
	Nitrazepam	Mogadon Somnite	Moggies
	Temazepam	Normison Nortem Tenox	Temazzies Normies

### **Appendix two: Report contributors**

<b>Organisation</b>	<b>Area covered</b>
Clondalkin Travellers Development Group	Clondalkin Lucan Newcastle Palmerstown
Kerry Travellers Development Project	County Kerry
Galway Traveller Movement	South East Galway
Galway Traveller Movement – Youth Programme	Galway City
Longford Primary Health Care Programme for Travellers	County Longford
Tullamore Primary Health Care Programme	County Offaly
CDA Trust Ltd	Cavan Monaghan
Cork Traveller Visibility Group	Cork City
Wicklow Travellers Group	County Wicklow
DAISH	Bray North Wicklow South Dublin
Traveller Health HSE & Mayo Travellers Support	County Mayo
Western Traveller Intercultural & Development	Tuam, Co. Galway

### *References:*

1. *'Benzodiazepines: Good Practice Guidelines for Clinicians'*, Department of Health & Children, 2002.
2. *'Report of the Benzodiazepine Committee'*, Department of Health & Children, 2002.
3. National Drug Treatment Recording Statistics, Health Research Board.
4. National Drug Related Death Index.
5. Resolution 44/13, Contribution to the appropriate use of benzodiazepines, The Commission on Narcotic Drugs.
6. *'Problem benzodiazepine use in Ireland: treatment(2003 to 2008) and deaths(1998 to 2007)*, Health Research Board, 2010.