Treatment or Program Innovation

Chair | Stefan Gruenert, Odyssey Victoria

1. The other side of the mountain: elevating the carer voice
2. Upskilling and collaboration in AOD services across Victoria: pilot program outcomes
3. Alternative approach to goal setting: chronos approach

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Treating Benzodiazepine Dependency, Anxiety, Insomnia, and Depression
a service of each

Reconnexion's Rural and Regional Outreach Program

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Reconnexion

- Established in 1986 as **TRANX**, now part of **EACH**
- Specialist, state-wide service providing treatment for Benzodiazepine and Z-drugs Dependency, Anxiety, Depression, and Insomnia
- Counsellors trained in psychology with specialised BZD knowledge
- Telephone Support Line
- Anxiety and Depression counsellors
- Website resources (e.g., Benzodiazepine Toolkit).
- Research, Training and Education
- Groups

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Treating Benzodiazepine Dependency

At Reconnexion, we support clients and their prescribers with:

- **Offering free and regular long-term counselling**
- **Treatment ordering** and assessing the appropriateness of community-based withdrawal
- Defining **goals of treatment** related to medication use, mental health, and quality of life
- Building the client's **internal resources** in preparation for the reduction
- Specialised **treatment for insomnia**
- Establishing the prescriber's role (GP or psychiatrist) and agreement to collaborate

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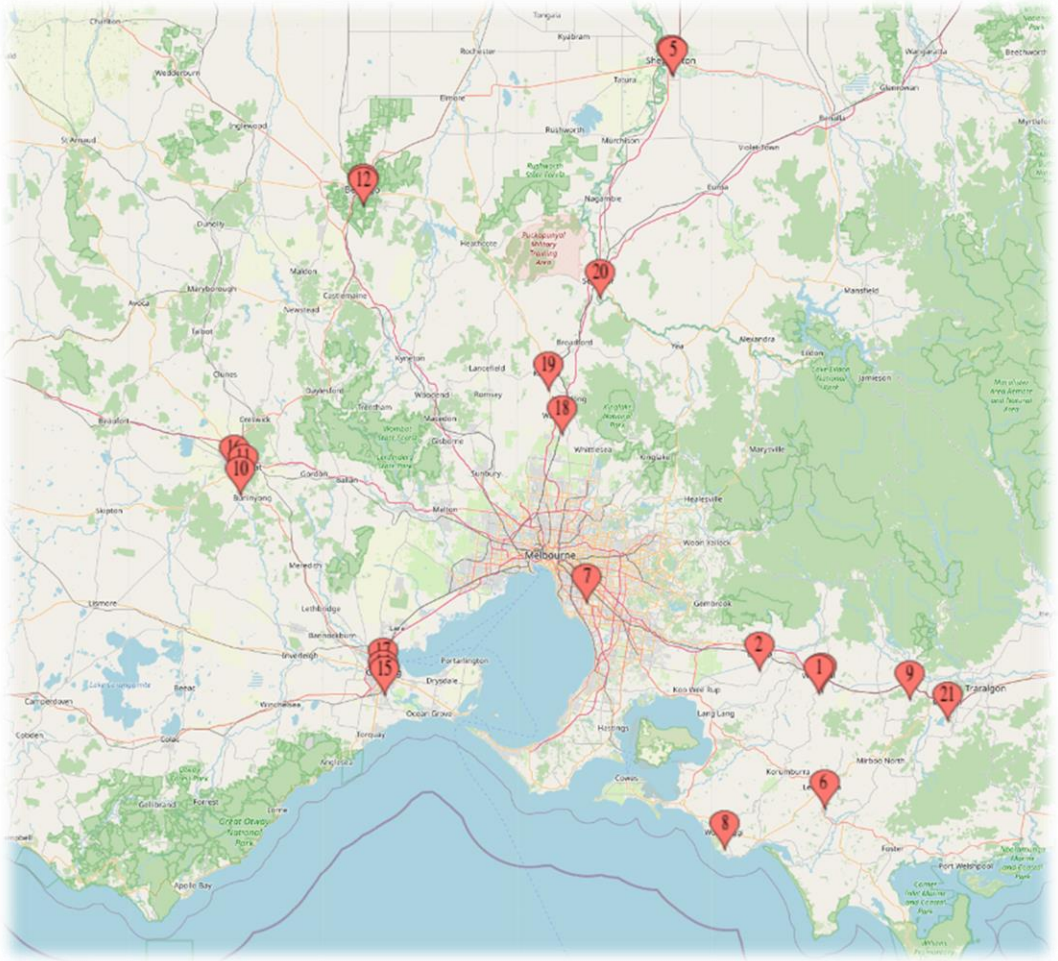
The Challenge

Why benzodiazepines remain relevant in today's AOD landscape:

- Benzodiazepines remain the number one contributor to overdose deaths in Australia – (more than heroin or pharmaceutical opioids)
- Benzos continue to be commonly prescribed as 1st line treatments for insomnia and anxiety, despite guidelines recommending psychological/behavioural interventions (e.g., CBT-I)
- Benzodiazepine dependence continues to evolves:
    - Potent designer benzos are on the rise
    - Diverted use on the rise
    - Less general awareness compared to other substance use (e.g., opioids, stimulants)
    - Non-prescribed use (i.e., taken as needed…)
- Reconnexion referral and support line data highlight **unmet needs outside metropolitan areas**
    - Frequent requests for training and secondary consultations from regional prescribers and AOD services

Reconnexion's Rural and Regional Outreach Program

- Conducted site visits to GP clinics and AOD services
- Offered single-sessions with clients in regional locations.
- Delivered professional education on benzodiazepine dependency treatment to service providers.
- Facilitated case discussions and secondary consultations.
- Explored unique perspectives.
- Explored referral pathways (e.g., Medical Director)



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What we heard from the AOD Sector…

- **Lack of support from primary healthcare** in addressing AOD complexities.
  - Overprescription by rogue GPs/prescribers, fuelling dependency.
- **AOD workers left managing the fallout**
- **Overwhelmed by complex comorbidities**
  - Poly-drug use, co-existing mental illness (trauma, bipolar, personality disorders)
- **Insufficient time and resources**
  - Unable to provide long-term treatment
- **High rates of Xanax diversion** among younger populations, exacerbating misuse.
  - Binging
  - Selling and financial dependence

What we heard from GPs…

- **Limited time and resources**
  - 15-minute to address complex challenge for deprescription
  - Hesitant to start the conversation – expecting patient resistance
  - *Door-knob phenomenon*
- **Low confidence in success rate**
  - GPs under-estimate success rate
  - Time taking benzo does not predict deprescription success
- **Impacts of SafeScript**
  - Hesitation to take on clients with complex history
  - Taper too rapid
- **Managing specialist prescriptions**
  - Hesitant to question existing prescription from specialists
- **Complex Comorbidities**
- **Medical rotations and lack of deprescription training**
- **Patient hesitancy to disclose** illicit or diverted medication use

Actionable Steps:

1. Benzodiazepine dependence is part of a bigger picture
Our response:

- Encouraged services to view benzodiazepine use within the broader contexts
- Delivered education on holistic treatment approaches to benzo deprescription
- Promoted collaboration between AOD sector and Primary Health
- Framed the issue from perspective of client wellbeing, rather than attributing blame

2. Upskilling service providers was preferred to direct counselling
Our response:

- Focused on supporting existing service providers instead of direct client sessions
- Ran targeted Q&A sessions during lunch breaks or scheduled training slots
- Provided clear case examples to help GPs and AOD workers apply deprescribing strategies
- Developed resources (e.g., case-studies, treatment ordering, scripts, etc.) for continued learning
- Provided alternative consultation methods, such as phone or video calls.

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Actionable Steps:

3. Indicated need for confidence and practical tools for deprescribing

Our response:

- Provided evidence-backed guidance around deprescription efficacy
- Offered scripted guidance on starting deprescribing conversation
- Supplied quick-reference materials suitable for time-limited GP consultations

4. Regional areas struggle with overprescription

Our response:

- Engaged with pharmacists to gain insights on regional prescribing trends
- Provided GPs with prescribing pathways (e.g., a stepped-care model)
- Promoted first-line treatments over benzo prescription (e.g., CBT-i)

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Actionable Steps:

5. Adapting to service needs led to greater impact

Our response:

- Built relationships with practice managers to improve access to GP networks
- Kept education sessions concise and practical with clear takeaways
- Used technology (e.g., QR codes on pamphlets) to streamline referrals
- Adapted format and content to meet specific service needs (e.g., didactic vs. Q&A)
    - We aimed for efficiency!
    - We were *solutions-focused*

Create opportunities for conversation

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Thank you

Questions?

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