

## **ALPRAZOLAM USE AND RELATED HARM AMONG OPIOID SUBSTITUTION PROGRAM CLIENTS - 12 MONTHS FOLLOW UP AFTER RESCHEDULING**

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**Introduction and Aims:** In February 2014 alprazolam, a potent benzodiazepine, was up-scheduled to Schedule 8 in response to rising harms from inappropriate and illicit use. A longitudinal study was conducted to examine the effects of rescheduling among opioid treatment program (OTP) clients.

**Design and Methods:** We interviewed 35 clients who reported recent alprazolam use from 3 Sydney OTP clinics. Participants were interviewed prior to rescheduling, and 3 and 12 months post rescheduling. Outcome measures included changes in drug use, availability and harms.

**Results:** Demographics were similar to OTP clients in general: 60% male and the mean age was 44 years. 51% reported past month use of alcohol, 60% cannabis and 49% heroin.

Days of alprazolam use in the previous 28 dropped from 10 at baseline to 2 at 12 months ( $p=0.005$ ), as did alprazolam dose (6mg to 0mg) in the previous 7 days. There were no changes in other substance use, and no increases in harms detected. Fewer participants reported benzodiazepine dependence at 12 months (37%) than baseline (63%,  $p=0.039$ ). However, participants maintain high polydrug use and a significant minority are still prescribed alprazolam.

The mean cost of 'street' alprazolam doubled, from \$4.80 per 2mg tab at baseline to \$10.50 at 12 month follow-up ( $p<0.001$ ).

**Discussion and Conclusions:** Significant reductions in alprazolam were maintained over 1 year post-rescheduling. Results from this small study of OTP clients indicate that regulatory changes can be effective in reducing high risk substance use, though larger and more comprehensive evaluations of regulatory changes are needed.

**Disclosure of Interest Statement:** There are no relevant COIs.