

BARBITURATES, SEDATIVE-HYPNOTICS AND TRANQUILIZERS

Use The use of sedatives, barbiturates, and tranquilizers for non-medical purposes among Ontario students has been tracked since 1977. Past year sedative use hovered around 5% during the late 1970s and early 1980s, and has since declined to between 1% and 3%. The 2003 rate of barbiturate use among Toronto students remains low at 2% .

The same pattern can be seen for tranquilizer use among Toronto students: high rates during the late 1970s and early 1980s followed by an enduring decline. The 2003 level remains low at 1%.

According to the recent Youthlink survey of Toronto street youth, 41% of respondents indicate that they use prescription pills recreationally.⁷⁷ However, these are not further classified in terms of the types of drugs. As well, the SHOUT survey in 1999 also did not include any mention of prescription drug misuse. Going back to the (former) Addiction Research Foundation study in 1992, 29% of the youth interviewed reported the non-medical use of tranquilizers. Thus, while street youth clearly use pills in this category, it is difficult to estimate the true extent of the problem.

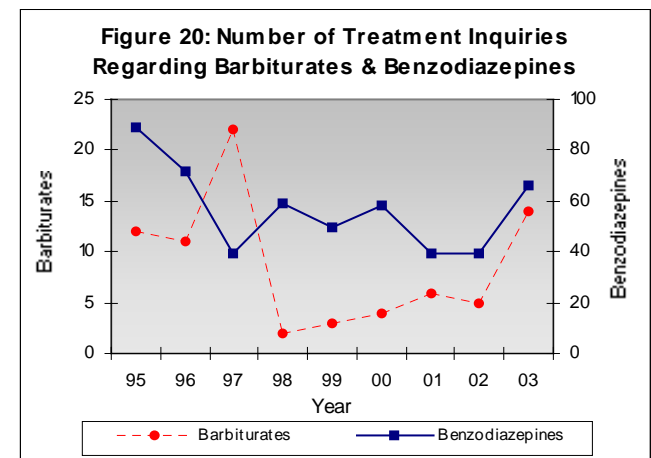
The recent I-Track study indicates that both barbiturates and benzodiazepines are frequently used by IDU in Toronto.⁷⁶ Among the two-hundred-twenty-one Toronto respondents, forty-eight, or nearly 22%, indicated the non-injection use of barbiturates, while one-hundred-eight, or approximately 49%, indicated the non-injection use of benzodiazepines.

Treatment Data

Treatment requests for barbiturate use have remained low throughout the nine years monitored both for Toronto as well as the rest of Ontario. The most recent data for Toronto

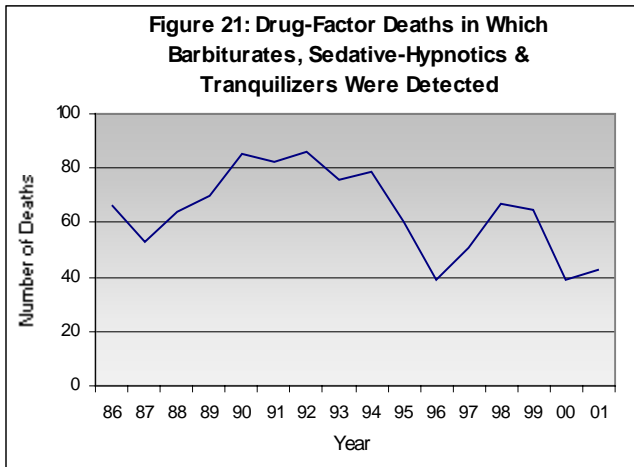
indicate that 5 barbiturate-related treatment inquiries were received by DART for the 2001-2002 reporting period, while 14 were received in 2002-2003. The corresponding numbers for areas outside of Toronto were also extremely low, at 16 and 20 respectively. In each case these numbers represent less than one half of one percent of the total requests received.

Benzodiazepine-related treatment inquiries, while at a higher level than those for barbiturates, have also remained low for the period studied. In DART's 2002-2003 reporting period, 39 inquiries, or 1% of all received from Toronto regarded benzodiazepines, while the corresponding total for the succeeding year was 66, less than 2%. For the area of Ontario outside of Toronto, the numbers of requests received for these two years were also low, at 185, or 1.4%, and 144, or 1%, respectively. .



Drug-Related Deaths

The total numbers of deaths due to drugs in this category for the years 1999 through 2001 were 65, 39 and 43, respectively. As illustrated on the chart below, this represents a relative low in the number of deaths related to the use of these substances, which ranged between 39 – 86 deaths annually from 1986-1998.



Drugs in this category are infrequently lethal alone; this occurred in 4 (6%) of the cases in 1999, 2 (5%) in 2000, and 1 (2%) in 2001. A combination of barbiturates, sedative-hypnotics, or tranquilizers with other drugs was the cause of death in 24 (37%) of the 1999 deaths in this category, 3 (8%) in 2000 and 12 (28%) in 2001 while these drugs were not lethal in the remaining 37 cases (57%) in 1999, 34 (87%) in 2000 and 30 (70%) in 2001.

Barbiturates, sedative-hypnotics and tranquilizers are often associated with suicide. Of the 65 deaths in this category in 1999, 20 (31%) were suicides, while the corresponding figures for the following two years were 18 (46%) and 10 (23%) respectively. Accidental deaths occurred in 25 (38%) of the cases in 1999, 17 (44%) of those in 2000, and 20 (46%) in 2001. A distinction between these two death types could not be made in 20 (31%), 4 (10%), and 13 (30%) in the three years respectively.

The age range and median age of the individuals who died with these drugs in their systems were consistent over the three years studied, with the ages ranging from early twenties to late sixties or early seventies in all cases, and a median age of 42 or 43 years. Males represented 63% of these deaths in 1999, 69% in 2000, and 51% in 2001. Thus, barbiturate, sedative-hypnotic and tranquilizer use is more commonly associated with death in females than many of the other drugs studied.

The June, 2004 meetings of the Community Epidemiology Work Group of the U.S. National Institute on Drug Abuse focused on prescription

drug abuse across the United States. The Advance report of this conference contains several interesting issues regarding tranquilizer use among young Americans, which may predict future trends in this country.

The incidence rate for nonmedical tranquilizer use [in the U.S.] in 1990 was 3.9 (new users per 1,000 persons) for 12-17 year olds and 5.5 for 18-25 year olds.

Over the ensuing decade, the numbers of new users of these drugs in these two age groups increased dramatically to 16.5 and 19.8 respectively – more than a threefold increase.

Data on the hospital emergency department (ED) mentions of various drugs are available from the Drug Abuse Warning Network (DAWN) in Washington, DC. Between 1995 and 2002, the total mentions nationally of two tranquilizers, alprazolam and clonazepam, increased significantly.

Regionally, high rates were noted in Philadelphia among patients age 20-25 and 26-34, with the later age group also at a high level in New Orleans.

Rates for clonazepam were highest in Boston and Philadelphia among patients age 20-25 and in Boston for age 26-34.

U.S. National Institute on Drug Abuse, June, 2004 ⁹⁶