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Health, Social Care and Sport Committee

Via email: HSCS.committee@Parliament.Scot

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Dear Convenor and committee members,

I am writing to draw your attention to two documents published today by the Scottish Government; '*Evidence Review: Opioid Substitution Therapy (OST) implicated deaths and prescribing in Scotland*' and '*Evidence review of current trends in benzodiazepine use in Scotland*'.

On 3 August 2020, my [statement to Parliament](#) included the following;

"We also need to know more about who is using illicit benzodiazepines or street Valium, where they are using it, and how they are using it. I am commissioning a rapid evidence review on the use of benzos, so that we can take all necessary action to address it."

"The 2020 report also shows that methadone was implicated in more cases than before, so I am also commissioning urgent research on the role and risks of methadone in drug-related deaths, albeit in the context of poly drug use."

Analysts in Scottish Government Health and Social Care Analysis, with support from Public Health Scotland (PHS) and National Records of Scotland (NRS), have progressed this work and have now published two reports.

There is important learning from these evidence reviews and officials have shared early findings and consulted with ADPs and the taskforce during their development.

This letter is to draw your attention to these reports and provide some context as to how the National Mission is addressing the challenges they highlight.

[Evidence Review: Opioid Substitution Therapy \(OST\) implicated deaths and prescribing in Scotland](#)

This report explores OST implicated deaths and prescribing practices in Scotland, providing a summary of the available data on the role of OST in drug-related deaths

and the changes to prescribing practices during 2020-2022 in response to the COVID-19 pandemic. The paper includes more granular data on methadone implicated deaths for the first time. In addition, the paper sets out a proposal for further work to be taken forward by PHS, which includes additional analysis as data becomes available and work on quality improvement in prescribing practice.

A number of key findings emerged from this evidence review, namely that OST medications – both methadone and buprenorphine – have been implicated in an increasing number and percentage of drug-related deaths in recent years, almost always alongside other drugs. Acknowledging the substantial evidence base for the effectiveness of OST in safeguarding the health of individuals with opiate dependence and achieving other positive outcomes, the review highlights that risks remain, particularly in the first four weeks of both starting and leaving treatment.

The Scottish Government is committed to the provision of Medication Assisted Treatment for people experiencing opiate dependence. This is in line with UK guidelines and founded on a strong international evidence base.

However it is important to recognise that prescribing opiate substitution therapy is not without risk and this report highlights some of the key challenges. It is clear that we need to better support engagement with treatment and that polydrug use, particularly with benzodiazepines is a particular concern.

The key to mitigating that risk is to ensure that drug treatment is high quality and holistic. The MAT Standards, define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards reinforce a rights-based approach for people who use drugs and the treatment they should expect, regardless of their circumstances or where they are. They emphasise the importance of allowing people to make informed choices about the type of medication and help available to them and to include family members or nominated person(s) wherever appropriate. We are working towards having the standards embedded across the country by April 2022.

Recognising the need for informed patient choice, we continue to support the expansion of the use of long acting buprenorphine, specifically Buvidal. This is an alternative to methadone and a form of treatment which can carry significantly fewer risks due to its prolonged-release injectable preparation and the long acting nature of the product.

The report highlights a need to better understand the changes to prescribing in response to COVID and I welcome the further analysis which PHS is developing. We need to understand both the risks and the benefits that this change presented.

While we are clear that prescribed drug treatment is not, and cannot be, the only treatment option available, while the use of methadone remains a central component of the treatment for opioid dependency we are expanding choice through our investment into residential rehab and grass roots community services serves to complement the MAT standards and support everyone on their recovery journey.

It is also vital that we don't stigmatise something which is an essential treatment option for those who are seeking assistance for their substance use. An estimated 29,500 people in Scotland are prescribed opioid substitution therapy. That is thousands of people who have taken steps on their recovery journey. They need to be respected and supported on their journey and we need to address the stigma which surrounds OST as well as illicit drug use

Together with the MAT standards, tomorrow (16th March) I will be announcing details of a target in relation to treatment. This target will drive forward the expansion of protective treatment to ensure more people can access the treatment they need.

The target will be complemented by balancing indicators in relation to access, retention, service availability and treatment completed– all vital aspects of the treatment and recovery journey. I will be happy to come and speak to the committee or provide more details at your request.

Evidence review of current trends in benzodiazepine use in Scotland

The benzodiazepine report sets out an overview of current knowledge and trends around benzodiazepine related deaths and harms, police seizures and prescribing practices. While this paper is mainly a summary of existing published evidence, it does include some new analysis of the NRS data on benzodiazepine implicated deaths.

Key findings from the review include the continuing steep rise in benzodiazepine-implicated deaths since 2016, driven by an increase in poly drug use and 'street' benzodiazepines, the majority of which were related to etizolam, a drug that only emerged on the market in the mid-2010s. The review similarly explores the rise in hospital stays for sedatives/hypnotics (including benzodiazepines), and changes in prescribing practices.

A draft of this paper was shared as a background paper with Benzodiazepine Harm Reduction roundtable, chaired by Duncan McCormack in January 2022. The roundtable aims to develop formal guidance at a national level on the use of benzodiazepines in care and treatment plans for those at greatest risk of harm. The proposed guidance relates to the prescription of benzodiazepines to support harm reduction and stabilisation, and the development of flexible and individualised care.

Scotland's challenge with benzodiazepines is primarily a poly drug use challenge and therefore improved access to treatment for the use of other drugs – particularly OST will help address this challenge.

Therefore the MAT standards and target will also contribute here.

The availability of these substances remains a particular challenge and one that Police Scotland are well aware of. A large quantity of these 'street' benzodiazepines are produced in Scotland and the police are resolutely committed to disrupting organised criminality in all its forms, including the supply of drugs in our communities.

In the last year they have made a number of successful seizures of pill presses, equipment used to produce these tablets, and we in Scottish Government continue to engage with the UK Government around the introduction of legislation which would potentially require the licensing of these presses at the point of sale. Police Scotland are working with the National Crime Agency on this matter and we expect to receive a further update on progress from the UK Government in the coming months.

I hope you will find these two reports of interest and agree that they are a useful addition to the evidence base to inform our approach in delivering the national mission.

Yours sincerely,

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Minister for Drugs Policy