**Improving awareness of the risks posed by illicit benzodiazepine use**

**Tests of change proposal –**

**Background**

Figures from the National Records of Scotland identified Dundee City as having the second highest proportion of Benzodiazepine death’s in Scotland.

As a result of Benzodiazepine’s becoming a restricted drug the number being prescribed across Tayisde has halved over the last 7 years.

Most drug-related deaths in Scotland are of people who took more than one substance, so-called poly-drug use. Staff acknowledges that high-risk opioid users typically use benzodiazepines to self-medicate or increase the effects of heroin or methadone.

Opiates such as heroin and methadone are implicated in the vast majority of deaths but users are often taking a lethal cocktail of drugs which increasingly includes benzodiazepines such as etizolam - pills which are often dealt as "street valium" or "street blues".

In Scotland 2019, ‘street’ benzodiazepines (such as etizolam) contributed to 814 deaths, more than in any previous year (64%) . One Illicit Benzodiazepine tablet could potentially be as strong as ten being prescribed and so causing users significant risk of overdose.

**There are several drivers behind this proposal:**

The Covid – 19 pandemic has meant that flexible and dynamic working has been required from all agencies who are supporting vulnerable and at risk groups.

During this time Hillcrest Futures young people and Adult Drug and Alcohol teams have been redeployed to support with IEP and OST delivery. In addition, with services only operating in a limited capacity the importance of an up skilled staff force has never been greater.

Staff from Hillcrest Futures Harm reduction service recently carried out questionnaires with individuals accessing the needles exchange. It was noted that 100% of respondents reported using benzodiazepines and 70% reporting to currently using opiates.

NICE Guidelines recommend that all staff in contact with the general public be trained to deliver a very brief intervention. This is defined as an intervention taking up to two minutes that follows an “ask, advise, assist” structure.

**Proposal**

The aim of this test of change would be to create a method for non clinical staff to carry out Benzodiazepine brief interventions as to ascertain an individual’s use. The influx of illicit benzodiazepines in recent years has meant that the number of new tablets available is changing rapidly. In order for front line staff to have the confidence to engage positively with this population, the aim would be to create resources that can be used to support initial engagement and tease out difficult conversations that can lead onto the first steps into recovery.

We will therefore aim to design and implement brief intervention strategies to improve staff confidence as well as producing an awareness campaign on this issue to help support engagement and reduce stigma. Brief interventions can address and reduce someone’s motivation to use, act as a first step in the treatment process.

A Brief intervention model that is delivered as part of a one to one would equip and up skill all staff to confidentially address issues of safer/alternatives to injecting, Overdose and Naloxone supply, Blood Borne Viruses, Sexual health, Stimulant use etc

**Outputs**

* Numbers of staff trained in benzodiazepine brief intervention’s
* Design awareness raising campaign on this issue
* Number of posters distributed across the City.
* Number of people supported onto prescribing model
* Review and update current brief intervention MAPS to accommodate illicit use.
* Number of people to have had a BI during assertive outreach

**Outcomes**

Greater distribution of naloxone and OD prevention

Increased harm reduction knowledge and skills to all staff providing outreach provision.

Greater community awareness of the risk of illicit benzodiazepine use

**Recommendations**

Take TOC to Overdose Prevention Subgroup to table new pathway that supports early intervention around problematic Benzo use.

Design and deliver Harm Reduction Brief Intervention MAPS to support with delivery of proposal.

Provided feedback to PSP steering group on the impact of this approach