

RISKS AND UNMET TREATMENT NEEDS IN POLY- AND CO-USE OF DRUGS: RESEARCH AND RECOMMENDATIONS

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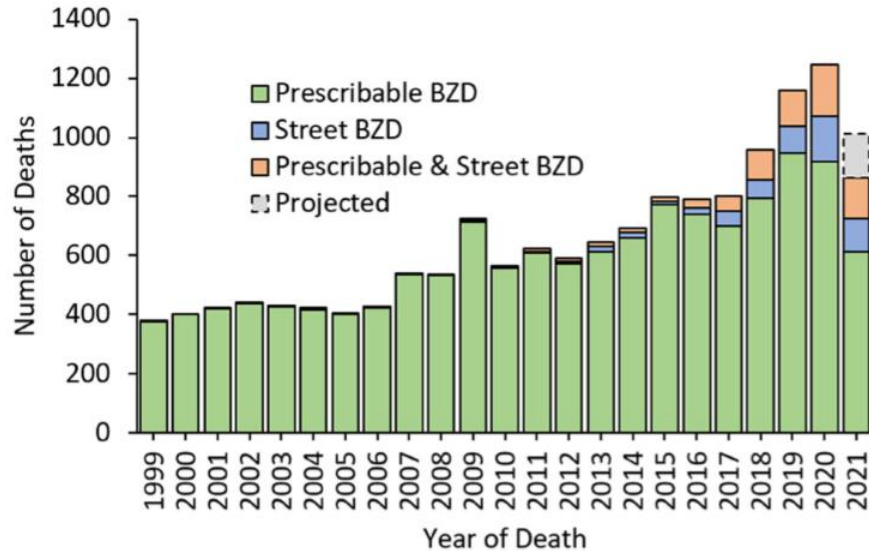
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Illustrations: co-produced with Jessica Kettle and people with lived experience

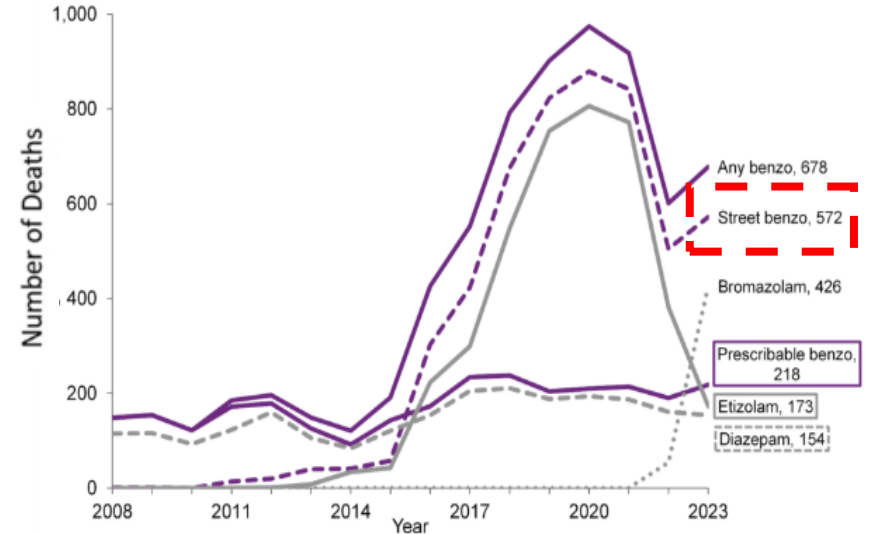


Opioid and benzodiazepine (BZD) co-use is an increasing feature of overdose deaths in the UK

(Subset of) Drug deaths in England, Wales, and Northern Ireland involving BZD, 1999-2021



Drug deaths in Scotland involving BZD, 2008-2023

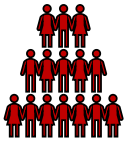


Prescribed benzodiazepine exposure is associated with elevated **drug death risk** among OAT cohorts (established through data linkage)

Clinical Practice Research
Datalink + ONS death records



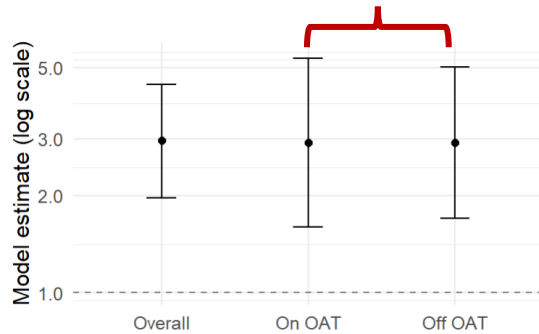
Prescribing Information System + NRS death records
(linked in SHIELD)



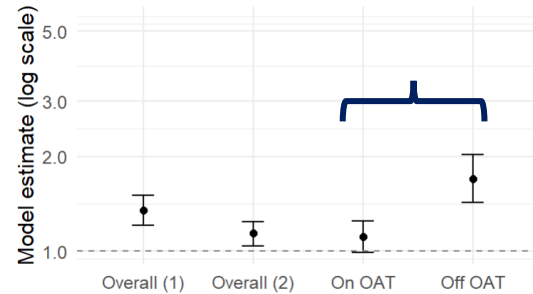
Years 1998 to 2014
N = 7,106 OAT recipients
45% co-prescribed BZD
113 drug-related deaths



Years 2011-2020
N > 45,000 OAT recipients
47% co-prescribed BZD
~4,000 drug-related deaths

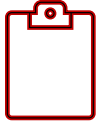


Close to **3x risk** compared to **no BZD exposure**, on and off OAT



~**1.1 to 1.3x risk** compared to **no BZD exposure**; Elevated risk off OAT

Non-prescribed benzodiazepine use is associated with **non-fatal overdose** among people who inject opioids (UAM and NESI)



Unlinked Anonymous Monitoring (UAM) survey (England/Wales/Northern Ireland)



Needle Exchange Surveillance Initiative (NESI) survey (Scotland)



Year: 2022
N = 1,333 people who inject opioids



Year: 2019 to 2020
N = 2,423 people who inject drugs



29% reporting non-prescribed benzodiazepine use



52% reporting non-prescribed benzodiazepine use



~1.4 greater risk of non-fatal overdose



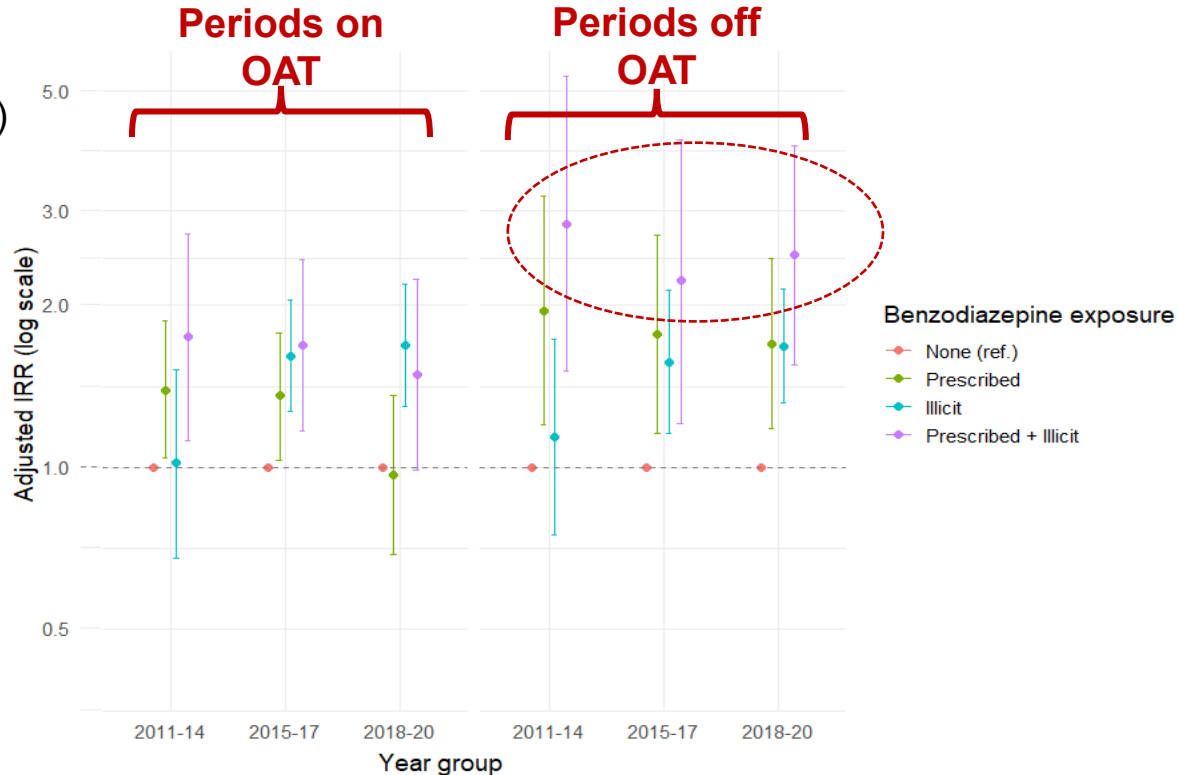
~2.5 greater risk of non-fatal overdose

Combined exposure (prescribed + non-prescribed) associated with elevated drug death risk – especially for those not on OAT

Prescribing Information System +
NRS death records +
Treatment assessment records (SDMD)



- 35% of OAT cohort had **self-reported non-prescribed use of benzodiazepines** at baseline*
- **Elevated risk with prescribed + non-prescribed benzodiazepine exposure in recent years since 2015, particularly for periods off OAT**



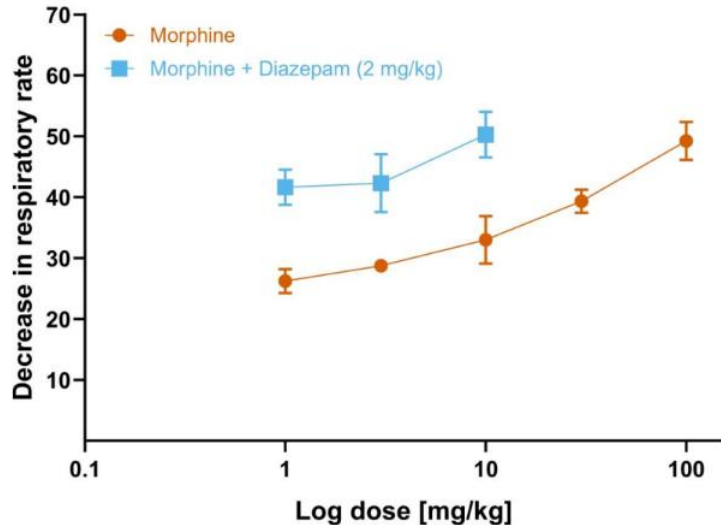
SUMMARY

- Prescribed and non-prescribed benzodiazepine use common among people who use opioids
- Mixed evidence for benzodiazepine co-prescribing and risk of drug death – although being off OAT and also using non-prescribed benzodiazepines may increase risk
- UK evidence for NFOD risk associated with non-prescribed benzodiazepine and opioid co-use (higher prevalence and stronger effect in Scotland)
- **Challenges:**
 - Residual confounding in linkage studies
 - Lack of (linkable) surveillance data for non-prescribed benzodiazepine use
 - Caution is advised in clinical guidelines, but benefits and risks need to be balanced for patient and potentially greater risks from non-prescribed use or cessation of OAT considered

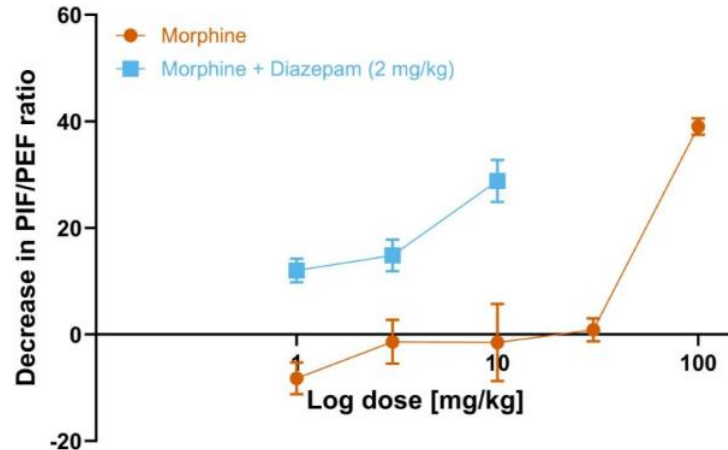
Diazepam increases morphine depression of respiration

- Mouse respiration
- Comparing effect of increasing doses of morphine in the absence and presence of a low dose of diazepam

Depression of respiratory rate



Decrease in flow of air in upper airways



Aims of our research

- To understand experiences of people who co-use benzodiazepines/z-drugs and opioids.
- To consider treatment and support for people who co-use and identify gaps.

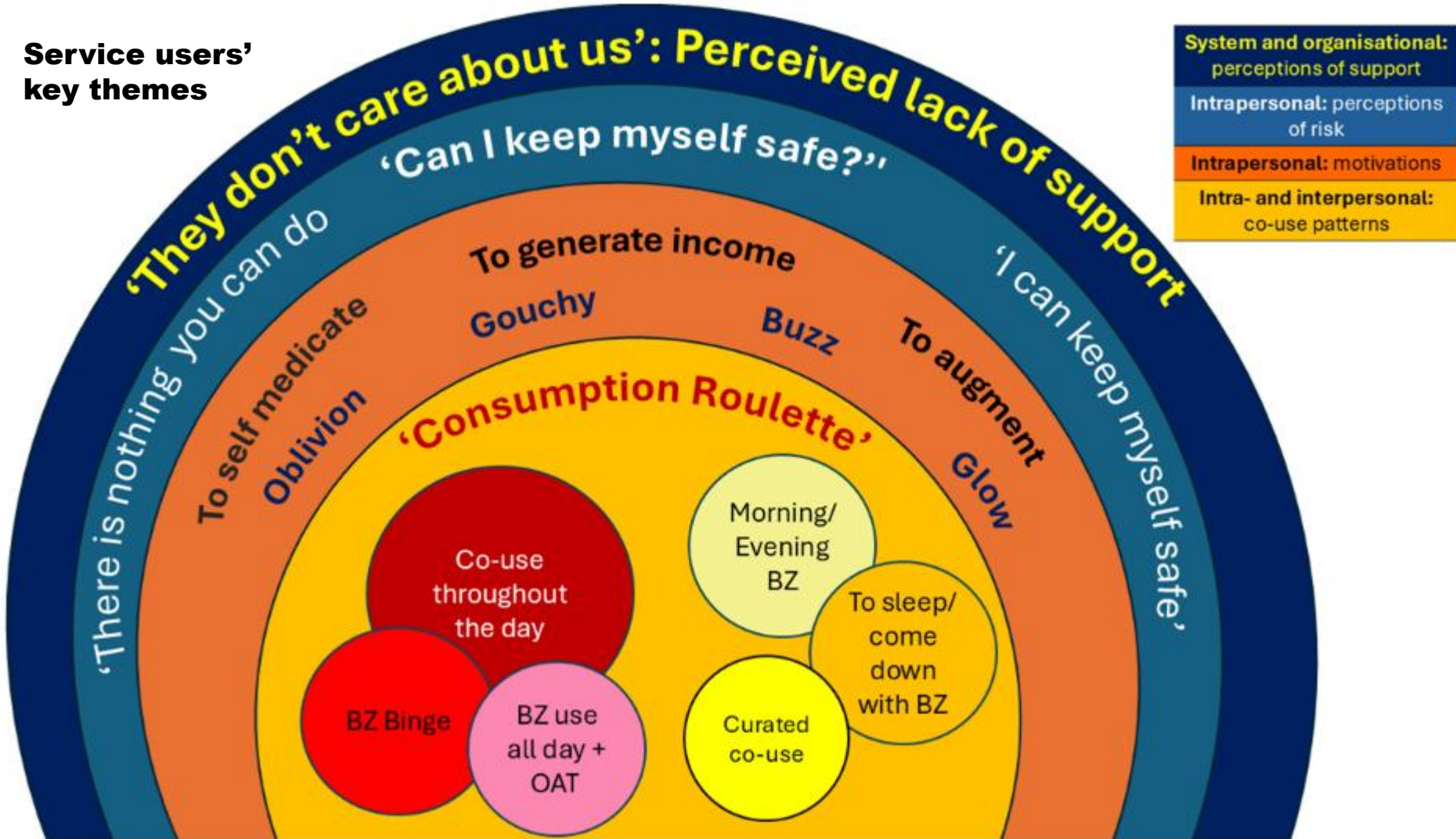


What we did

- N=72 people including 48 service users and 24 professionals working in substance use.
- Data collection Dec 2022-Sep 2023 and July 2024-Feb 2025
- Service users recruited in Bristol, Teesside and Greater Glasgow.
- Professionals recruited across Scotland and England.
- Where possible, interviews with service users were co-facilitated by peer researchers (people with lived experience)
- Workshops with experts with lived experience, and a cross-section of clinical, academic, service and policy leads across the UK.



Service users' key themes



Key service user findings: Lack of mental health and prescribing support

*'We need both, we don't just need the medicine, we need [mental health support] to work alongside each other to get the mental health input but also get the medication that's going to keep you stable, to give you a chance and rebuilding any resilience or any, getting over any traumas. But you say that and it just gets totally **'no you're not ready for it yet'** or **'you're mad with it'** or **'listen, you take too much drugs'** or **'you're not taking drugs anymore but you're taking alcohol, you're self-medicating'** or **'it'll be no use giving you counselling'** but then a lot of people [...] need that because when you are coming off things [drugs], all your emotions are coming back to you, years when you've taken drugs you're numbing the pain, so [once you are off illicit drugs] everything becomes clearer, and life is life, you know what I mean?' (P39, Female)*

Findings from interviews with professionals

'There's nothing across the whole of [region] for people who are using benzodiazepines. [...] And I'm saying, "Can we not start prescribing stuff for cocaine and stuff for benzos?" And he'd [prescriber] be saying, "you're the only one that wants to take a risk." And I'm saying, "Well, it's not about wanting to take a risk, it's like we need to do something. It's so poor." Healthcare is so poor just now for people like that.'

(P15, Advanced Nurse Practitioner)

Service Providers' key themes



Conclusions: Recommendations

- Need for 'normalised' prescribing to help people live/function, using a flexible, tailored approach.



**MAT standards informed response for benzodiazepine
harm reduction**

Call to action



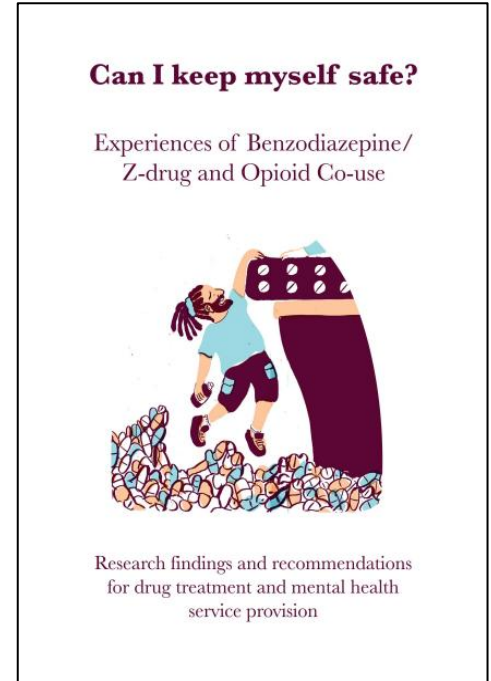
Conclusions: Recommendations cont.

- Need for specialist mental health support that is adapted for individuals.
- Provide holistic psychosocial interventions aimed at improving people's everyday health, resilience and wellbeing.
- Provide clear and accessible harm reduction information, including effects of different BZs, drug interactions and drug administration routes.
- Upskill staff to better understand the effects and interactions between BZ and opioids/other drugs.

Next steps

- We are keen to share our findings with different audiences and hear your feedback.
- Develop an intervention which addresses our recommendations.
- Understand how we can better link mental health and substance use service providers by linking with others working in this area and doing further work.

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Please share our
findings and
recommendations



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- Jessica Kettle Illustration – for the art and illustrations on these slides:

<https://www.jessicakettleillustration.com/home>

Summary of findings &
recommendations from
this research



Paper: Family et al
(2025), patterns of co-
use



Paper:
Vojt et al (2025),
Motivations to co-use



Presentation, Poulter et al, on
harm reduction approaches
used by people who co-use



Lay summary



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