

# Interim Guidance for action on benzo-related harms – survey feedback

159 responses:

80% Health and Social Care, 12% Primary Care and 6% lived experience

Just over a quarter were prescribers (28%)

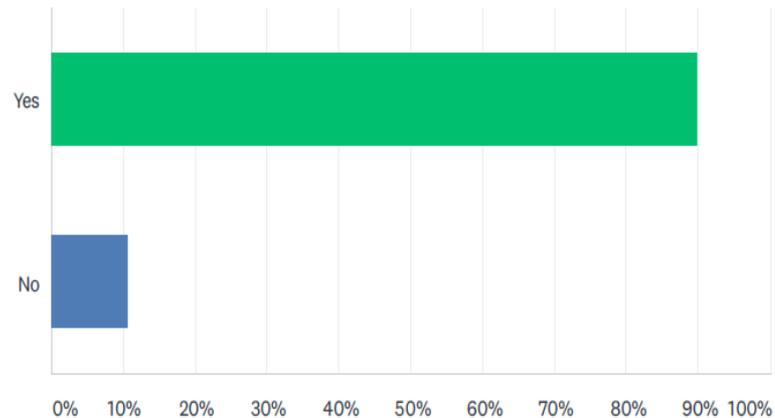


**SCOTTISH  
DRUG DEATHS  
TASKFORCE**



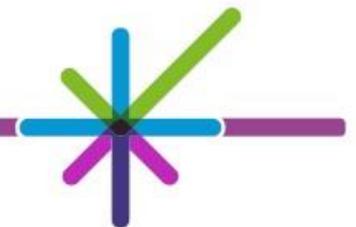
### Q3 Do you support the principles of the guidance?

Answered: 158 Skipped: 2



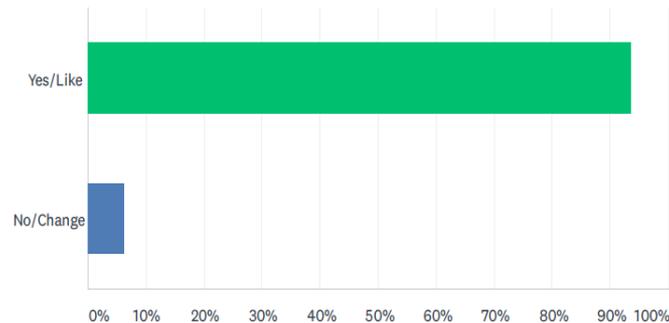
#### Summary of comments:

- Overwhelming support for the approach and call to action set out in the guidance
- Recognition for the need to do things differently & welcomed context of MAT standards
- Support for person-centred ethos and open conversations
- A number of respondents noted people's previous experience of feeling stigmatised as 'drug seeking' in trying to access appropriate care for their benzo use
- Concerns were highlighted regarding the lack of evidence
- Workforce capacity issues raised - with psychological services, GPs and alcohol and drug services/specialist services over stretched
- Suggestions re drug testing to support prescribing also described



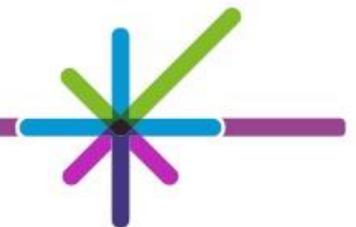
#### Q4 What are your thoughts on: Be prepared to talk about benzo harm reduction?

Answered: 157 Skipped: 3



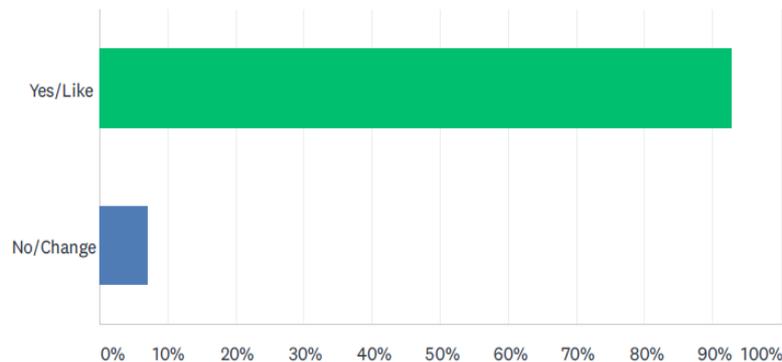
#### **Be prepared to talk about Benzo harm reduction – comments**

- Respondents were encouraged by this proposal and felt there was good practice already taking place
- The need for reliable and credible harm reduction advice was expressed
- While some felt this approach should go beyond alcohol and drug services, including community pharmacy and general practice, others felt it required specialists input.
- Highlighted the need for workforce development in terms of skills and knowledge required to have these conversations
- Good in theory but in reality capacity is a problem



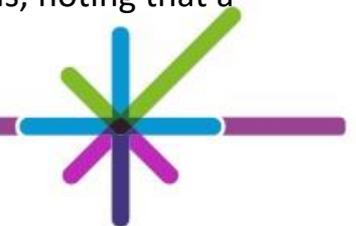
## Q6 What are your thoughts on: Empathic listening – seek to understand?

Answered: 156 Skipped: 4



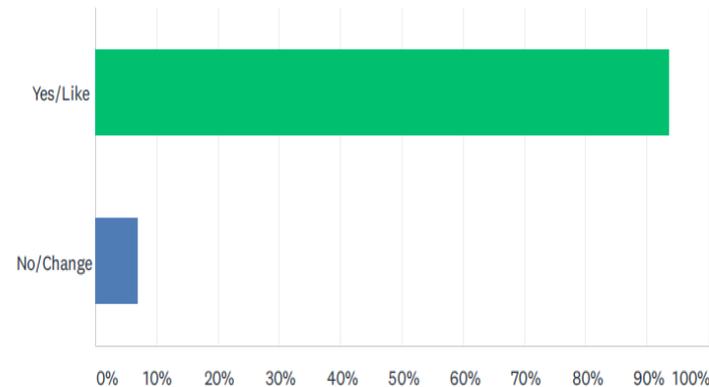
### Empathic Listening, seek to understand - comments

- Respondents recognised the need to listen – highlighting motivational interview skills and encouragingly good practice already seen in services
- Some felt this language was too corporate
- Although supportive, some respondents did feel there was a need to *act* over and above listening.
- Concerns raised as to what might come from empathetic listening with large waiting lists for psychological services in practice
- The stigma of perceiving individuals as drug seeking was again highlighted here and the need to overcome this, ensuring appropriate support for people who use benzos.
- Suggestion to explore how non-drug and alcohol services could also be having these conversations
- Caution on limited evidence of prescribing and fears around unintended consequences
- Workforce development and skills/experience to formulate shared goals with individuals, noting that a prescription is not enough.
- In practice capacity and time was felt to be an issue, particularly with GPs



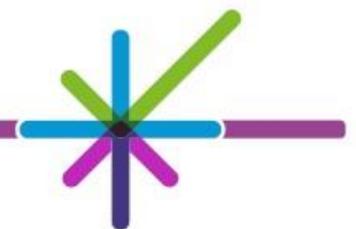
## Q8 What are your thoughts on: Needs based assessment?

Answered: 157 Skipped: 3



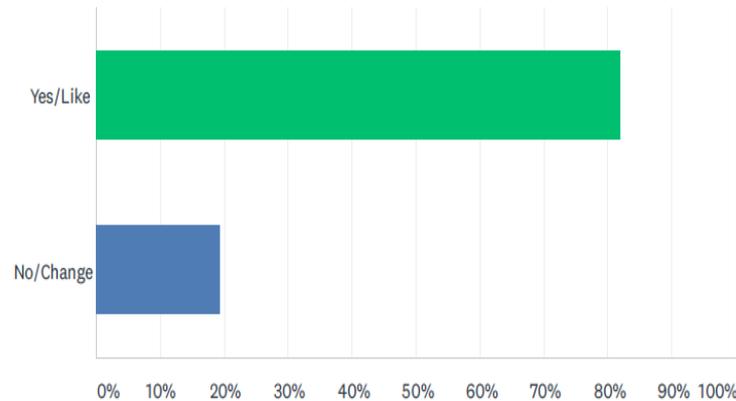
### Needs based assessment – comments

- Respondents felt specialist workforce skills are required to ensure appropriate assessment
- Queries on which service would deliver this? Who is best placed to do the assessment and when should this take place?
- Suggestion to develop an assessment tool for consistency of practice
- How will services link up to fulfil the needs of the assessment given different models of care, with differences in enhanced services in general practice contracts particularly noted.
- Agreed in principle but capacity to deliver in practice?



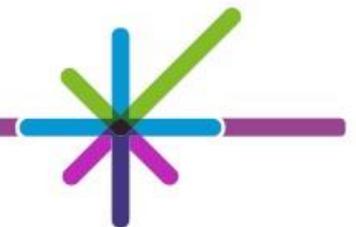
## Q10 What are your thoughts on: Zone of tolerance – collaborative risk?

Answered: 155 Skipped: 5



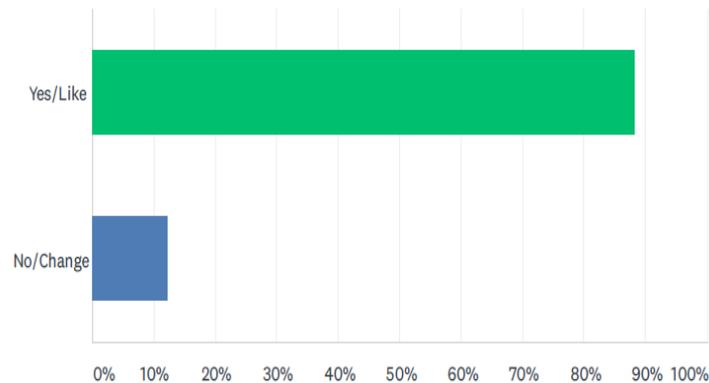
### Zone of tolerance – comments

- Respondents queried the wording and meaning, and felt tolerance was open to interpretation
- Clarity was required regarding specialist skills and relevance to individual roles to fulfil this
- Documenting the assessment of risks with informed consent from both parties was felt to be required
- Comments reflected a lack of confidence or experience, with a fear of unknowns and unintended consequences given change in practice
- The potential for disconnect between the understanding and expectations of clinicians and of the individuals seeking care was also noted
- Workforce development was highlighted, with the key issue of ensuring training, to assess when prescribing was the correct course of action



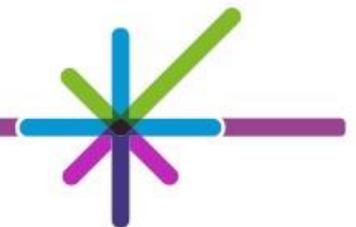
## Q12 What are your thoughts on: Offer benzodiazepine harm reduction?

Answered: 155 Skipped: 5



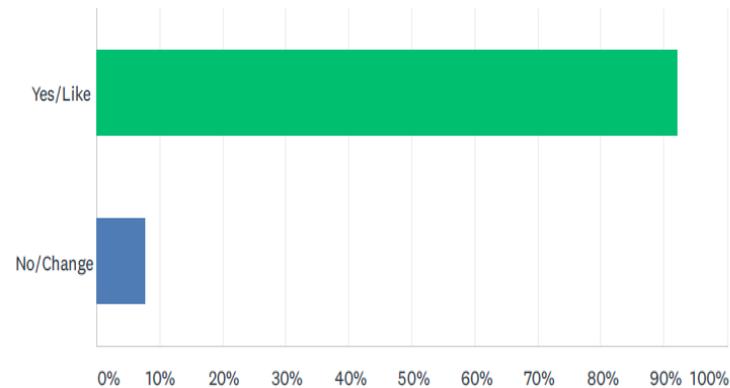
### Offer benzo harm reduction – comments

- Specialist skills and knowledge were highlighted and a lack of capacity in general practice to deliver harm reduction
- Roles and responsibilities to be defined – who does this and what training is available to support?
- Issues in the lack of access across the country, need equity in accessing range of services, for example psychological services
- Concerns were noted regarding the lack of evidence
- Need to ensure accurate harm reduction, with credible action based on assessment of an individual's benzo use



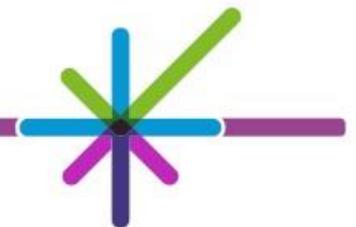
## Q14 What are your thoughts on: Shared goals – review progress?

Answered: 155 Skipped: 5



### Shared goals, review progress – comments

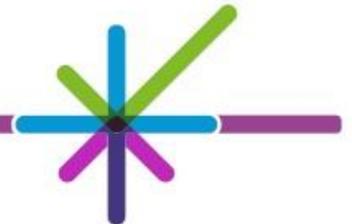
- Some comments felt goals should be at the start and drug checking used to ensure goals were being maintained.
- *Regular* support and review was very welcome
- Support for person centred ethos
- Need for partnership working between services to support progress towards individuals' goals
- Capacity across services to ensure regular discussions and reviews take place was identified as a challenge



# Implementation support: 118 responses

Key themes included:

- **Funding** and investment for services
- **Capacity** in the form of more staff to allow the time needed within busy workloads
- **Training** for staff and services (benzo training/trauma training/pathways and how to access different tiers)
- Greater **collaboration** across services
- **Access** to prescribers, toxicology and psychological support/interventions
- Wider treatment **options**, rehabilitation and stabilisation beds being made available equally across Scotland.
- Patient facing information; **harm reduction** information, information around risks and consent documented
- Supporting case studies to provide different **examples in practice**, how this has informed decisions taken, and of positive outcomes.
- More **information and evidence to support the approach** described
- A nationally agreed outcome **measurement** tool.



# Overall

- Overwhelming support for the approach described in the guidance.
- Implementation issues raised around how this will be achieved in practice, with questions around:
  - the evidence base
  - workforce development
  - capacity
  - the different tier services
- Many comments also related to prescribing attitudes with the legacy of de-prescribing needing addressed to see successful changes in prescribing practice
- Suggestion of including case studies to further illustrate the approach

