THE SAFETY AND UTILITY OF BENZODIAZEPINE (BZD) PRESCRIBING AMONG PEOPLE RECEIVING ORT IN SCOTLAND: ANALYSIS OF A NATIONAL DATASET OVER 11 YEARS

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Background:
Street benzodiazepines (BZD) are a strong feature in Scotland's drug related deaths. There is pressure on clinicians to prescribe 'safer' supplies alongside opiate replacement treatment (ORT) and interim guidance has been developed by the Drug Death Taskforce. Previous research indicated that BZD prescribing among ORT patients was associated with increased harms including mortality, but also improved treatment retention. Some clinicians, already provide prescribing to reduce the risks associated with street BZD. However clinical guidance does not currently provide an evidence based framework for maintenance prescribing. The study's primary aim was to compare the risk of mortality (all-cause and drug-related) among people prescribed BZD + ORT (exposed) with those prescribed ORT alone (unexposed).

Methods:
This retrospective observational cohort study used routinely collected national (Scottish) administrative data of those prescribed ORT and BZD and a matched cohort prescribed ORT only. Participants were followed from their first ORT prescription since 01/01/2010 until they were known to have died, stopped being prescribed ORT, or until 31/12/20. A Cox proportional hazards regression model was developed to compare days from commencing ORT to mortality (all-cause and drug-related). Secondary outcomes were hospitalisation, and treatment retention.

Results:
Data was available on 48,588 people (17 million prescriptions) with 27,184 (55.9%) exposed to BZD. 67% were male. A higher proportion of females (62.7%) than males (53.9%) were exposed to BZD. The model included exposure to BZD within 40 days, adjusted for age, sex, deprivation, urban/rural classification, and opioid analgesic prescription. Exposure to BZD increased the risk for all-cause mortality by 15% (HR 1.15 95% CI 1.08-1.23). Analysis is ongoing and further outcomes data will be presented at the conference.

Conclusion:
This extensive dataset analysis predicts that exposure to prescribed BZD alongside ORT increases all cause mortality in a treatment population. It does not compare exposure to unprescribed (street) BZDs.

Disclosure of Interest Statement:
No conflicts to declare.