

This extract has been taken from the minutes to the meeting of the Full Council held on 1 April 2004

(v) Benzodiazepines

4.23 PROFESSOR NUTT reported that concerns had been raised about counterfeit benzodiazepines, particularly in Scotland. It had been difficult to get any good evidence on that other than the report from the Strathclyde Police which indicated that there were counterfeit diazepam and also a lot of other drugs being sold as diazepam such as zopiclone. The Technical Committee had no real evidence that there was much in the way of counterfeit diazepam in England or Wales but the position would be kept under review.

4.24 It was suggested that data should be obtained on the effect that rescheduling would have, this would help determine the most efficient way of dealing with other benzodiazepine products which were being abused or increasingly abused.

4.25 DR GRUER commented that in Scotland there were two main effects of changes in the regulation around temazepam. One was in banning the gel-fix injectable form, which led to a substantial drop and virtual disappearance of serious vascular accidents from injecting temazepam. The rescheduling itself did appear to lead to the drop in the number of overdose deaths that were attributable to usually a combination of heroin and temazepam; but was replaced by an increase in deaths where diazepam was the main benzodiazepine in combination with heroin. There was certainly an impact of the rescheduling of temazepam. To some extent that had been affected by imports of illegal temazepam from the Continent that intermittently replaced the previous pharmaceutical forms that were available in Britain.

4.26 DR WHITE said that they now rarely saw seizures from police forces of temazepam capsules so there had clearly been a change, probably due to the legislation rather than to changes in prescribing. But there was also the counterfeit situation. It was difficult for forensic scientists to identify counterfeits because that was not their work. Counterfeits certainly existed, but because of those difficulties records were not kept of what was considered to be counterfeit. In cases where people were sold all types of drugs because they looked similar, there was no real data on that because very often it was not known how these drugs were being presented. There was information on what had been seized but not what it was purported to be.

4.27 MRS ROBERTS commented that in the Strathclyde Police Force area there was increasing evidence of two sorts of counterfeit diazepam. There was counterfeit diazepam which may or may not have a label: there was some that

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appeared to be coming from Pakistan with one brand name but the company did not exist and it looked as though it was properly labeled, and there was also a lot of counterfeit benzodiazepines known as "French Blues" in circulation - they did not follow the European guidance legislation on labeling of pharmaceuticals. There were also some from various companies that looked as though they were temazepam, are labeled, are counterfeit and actually contain zopiclone; these have been analysed by the laboratory at Strathclyde Police.

4.28 The question of classification or reclassification of benzodiazepine is one that Technical Committee had been considering for some time. The paper before the Council invited consideration of whether classifying all benzodiazepine receptor-acting drugs in the same class might have the negative effect of not allowing us to discriminate between them.

4.29 The CHAIRMAN commented that it was not a problem confined to Strathclyde. There had been a presentation about 18 months ago in London where the police had collected substances from the Ministry of Sound or other London nightclubs and there was a lot of counterfeiting.

4.30 The Chair put to the Committee whether rescheduling or/and reclassifying benzodiazepines would be the most effective way of dealing with the problems posed by benzodiazepines. There was no obvious support for reclassification/ rescheduling as an appropriate response. The Committee felt that the most effective way of dealing with the dangers posed by benzodiazepines was through improving and / or publicising Department of Health prescribing guidance on the safer prescribing of benzodiazepines and also improving the implementation of the guidance.