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Ein cyf/Our ref:

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Mr David J. Rowlands AC/AM,
Senedd Petitions,
National Assembly for Wales,
Cardif Bay,
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27/03/2018

Dear Mr Rowlands,

Petition P-05-784 Prescription drug dependence and withdrawal - recognition and support

Apologies for the delay in this return, and not meeting the requested timeframe.

Thank you for your letter, and interest, outlining the above petition by Steve Lewis. As the petition states there is indeed some excellent work undertaken by the BMA:

<https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/prescribed-drugs-dependence-and-withdrawal>, amongst others, in raising the profile of prescription drug dependence.

You will note this UHB response does not contain the word addiction, but the defined term drug dependence, and this response starts by clarifying our understanding of terminology.

The UHB is very aware that some medications, whether prescribed, or available over the counter from pharmacies (OTC) can lead to dependence, as defined by the World Health Organisation's 10th International Classification of Diseases

http://www.who.int/substance_abuse/terminology/ICD10ClinicalDiagnosis.pdf

All journeys into ICD-10 defined drug dependence are unique, and multifaceted. Drug dependence as a complex condition with bio-psycho-social causation. Therefore effective approaches to tackle, and where possible avoid, drug dependence must also be wide ranging and thorough.

Your letter also talks about drug withdrawal. Withdrawal symptoms are usually linked to tolerance to a drug. Tolerance is commonly described as: needing to take more of a drug to get the previously experienced positive psychotropic (affecting one's mental state) effect. Repeated dose escalations of that drug followed by sudden withdrawal result in a withdrawal experience. Tolerance and withdrawal are important factors in drug dependence, but are not unique to it, and understanding this is important in understanding the concept of discontinuation syndrome, seen with some antidepressants (where the other

symptoms which comprise the dependence syndrome are missing). Caution may be needed in stopping antidepressants, but the drug group is not associated with drug dependence.

Patients may also experience difficulties when trying to stop a range of drugs – if the original treated condition's symptoms begin to break through again on drug reduction /removal.

The differences between drug dependence, discontinuation syndrome, and re-emergence of the treated condition are significant, and important to understand in considering interventions and services needed.

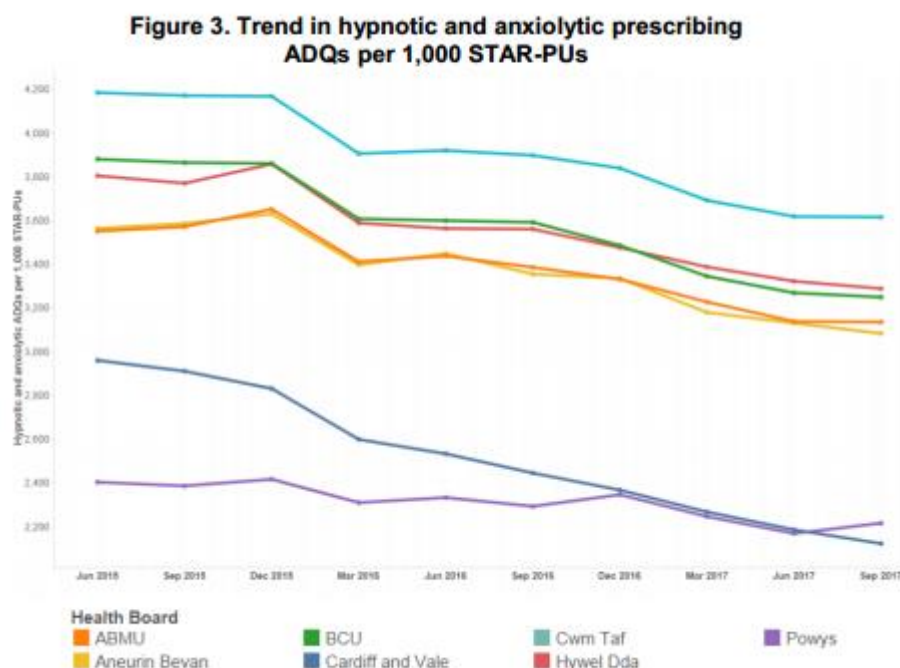
This response goes on to highlight the important work going within primary care to effectively manage drugs with propensity to cause dependence and or withdrawal symptoms.

Cardiff and Vale Health Board primary care medicine management team has supported practices in improving their performance against the National Prescribing Indicators for Hypnotics and Anxiolytics and for Analgesics, developed by the All Wales Medicines Strategy Group (AWMSG). This has included hands on support to clinics as well as educational sessions which gives the opportunity for peer review.

Specific targeted work is carried out within the following areas to reduce prescribed drug dependence:

Hypnotics and Anxiolytics

Prescribing advisors have run specific withdrawal clinics to help patients gradually stop or withdraw. One practice was the 2nd highest prescriber, and was not managing to reduce prescribing on their own; becoming more of an outlier compared to the majority of practices. With support from their advisor their performance against the prescribing indicator improved from red to amber and prescribing has reduced by 20%. Overall the UHB has reduced its prescribing by 13.2% in quarter 2 (2016/16 compared to 2017/18) and had the largest percentage decrease across all Welsh Health Boards.



Analgesics – overall the prescribing rates of analgesics as a whole have remained static despite the increase in patient pressure to prescribe a medicine for these conditions. Primary and secondary care are working together to review pain pathways and produce guidance for GPs around dose reductions.

Tramadol – the Local Intelligence Network (LIN) for controlled drugs has highlighted its growing concerns with regards the abuse and dependence potential with tramadol. During the coming financial year practices will be supported by the medicine management team to help patients on these medicines review their current need for it and support them in withdrawal. The advisors have been supported by educational sessions from consultants in the chronic pain team. Overall the UHB has reduced its prescribing by 5.91% in quarter 2 (2016/16 compared to 2017/18).

Gabapentin/Pregabalin – these medicines are linked with a potential risk of dependence misuse and diversion, however they also have a defined role in pain management and, in the case of pregabalin, generalised anxiety disorder. Prescribing leads have had an educational session on pain control as a whole which has included the role of these agents in the pain pathway. Individual practices have received support from their prescribing advisors who have been highlighting key messages in the safe, effective use of these medicines. Cardiff prison also addresses patients admitted on these agents and actively reducing them on admission to prison. As part of the medicine management actions in the GP contract, practices could choose to undertake an audit of their pregabalin prescribing. It was undertaken by 65 practices and a total 1,714 patients were reviewed face to face. 13% (224 pts) stopped pregabalin, 8% (134 pts) had their dose reduced, 4% (72 pts) dose was optimised to twice daily and in 2% (29 pts) a switch was made to another neuropathic agent

Antidepressants

Anti-depressant prescribing is on the increase across all areas. It is an area that clinicians find hard to de-prescribe in particular because of the lack of additional support services for these large patient numbers. The All Wales Medicines Strategy Group developed a prescribing indicator in an attempt to reduce the prescribing rates of antidepressants by encouraging prescribers to refer preferentially in the first instance to psychological therapies in the community setting. The UHB has developed an audit for practices to undertake as part of their GMS action which looks at reviewing prescribing of antidepressants for patients with a new diagnosis of depression in line with National Institute for Health and Care Excellence (NICE) Clinical Guideline 90 and Cardiff & Vale UHB pathway for Medicine management of depression in Primary Care.

The Health Board continues to support the messages from AWMSG across these areas of prescribing.

Within secondary care services steps are being made to limit the harms associated with dependence causing medications, or those with difficult withdrawal.

Mental Health have made significant investments over the years in the development of primary mental health support services – to make available quality first line psychological services, inkeeping with a range of practice guidance around the place of drug treatments. Likewise within chronic pain services practitioners are very aware of limited evidence for opioids in the management of chronic non-cancer pain (NCP), supporting review of such patients and utilising chronic pain programmes. The advent of the Royal College of Anaesthetics resource: Opioids Aware <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware> has helped to drive review of higher dose opioid prescribing – where opioid dependence and poisoning risks are highest.

Dedicated substance Misuse services across Cardiff and Vale offer interventions to anyone with a substance misuse issue, whether drug, alcohol, no matter what the source or supply route – this includes prescription drugs. Across the UK over the last decade the number of individuals referred with dependence prescribed opioids has increased, in contrast to illicit

opioid dependence. Local substance misuse services are available, by professional referral, or by direct access through a single point of engagement.

As in other areas of Wales, the Local Intelligence Network has played a key role in the safe prescribing of controlled drugs, and scrutinising high dose prescribing of such drugs.

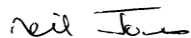
Hopefully the above demonstrates the seriousness with which The UHB takes medication dependence, and problematic medication discontinuation.

Over the years some of the biggest positive safety changes in prescribing have been driven CD classification and going forward leadership at UK and National Welsh level is crucial; with co-ordination, resource, legislation and public health measures.

At one end of the scale - It is fundamental that a patient considering a licensed medication, known for its dependence / discontinuation capacity, should get clear unambiguous information about the risk about the capacity for that medication to cause dependence or discontinuation syndrome. At the other end of the same scale, managed withdrawal or substitution for those for whom dependence has brought significant morbidity must be available.

Please contact if your require clarification on any of the points raised.

Yours sincerely,



NEIL JONES

Consultant Psychiatrist

Cc. Nesta Lloyd-Jones, Policy and Public Affairs Officer, NHS Confederation