



All-Party Parliamentary Group for Prescribed Drug Dependence

The APPG for Prescribed Drug Dependence was launched in July 2015 to tackle the growing problem of prescribed drug dependence. Its mission is to recognise, address and reduce the harm caused by prescribed drug dependence. Officers include Sir Oliver Letwin MP (Chair), Norman Lamb MP, Luciana Berger MP, Paul Flynn MP, the Earl of Sandwich and Baroness Masham of Ilton (all co-chairs). You can find out more about the APPG at <http://prescribeddrug.org>.

The APPG supports the petition presented by Stevie Lewis to the Welsh parliamentary petitions committee (P-05-784) and would like to draw the committee's attention to the following points:

Antidepressants

We are aware that the All Wales Medicines Strategy Group (AWMSG) has already recognised the issue of the possibility of dependence on certain drugs (benzodiazepines, anxiolytics, hypnotics and opioids) and targeted these for reduction in prescribing and would suggest the most recent evidence should be reviewed to consider expanding this list to include antidepressants. Such evidence includes a recent systematic review authored by James Davies, and Professor John Read, University of East London on behalf of the APPG¹ which has been peer reviewed and published in the Journal of Addictive Behaviors, with extensive accompanying press coverage.

The review indicates that an average of 56% of patients who stop or reduce their antidepressants experience withdrawal symptoms, with 46% of these reporting their symptoms as severe. Whilst there were some criticisms levelled at the review these have been addressed by the authors who conclude that: "We fully accept that our overall estimates of 56% incidence, with 46% of those being severe, are only estimates. They may move by a few percentage points in either direction. However, even if the actual incidence is towards the lower end of the 50% to 57% range, when grouping study types, this will still constitute over half of all antidepressant users."²

Public Health England (PHE) review

The APPG is pleased that in January 2018 PHE launched a [review of the evidence for dependence on, and withdrawal from, prescribed medicines](#). The review is due to issue its report in spring 2019, to include various recommendations which it is hoped will include:

- A national 24 hour helpline and accompanying website
- Provision of local support services
- Changes to doctor training, medical school syllabi and provision of targeted CPD
- Proposals for updates to existing clinical guidance

NICE Guidelines

The existing NICE guidelines that relate to antidepressant withdrawal (CG90) are, in the opinion of the APPG secretariat, inaccurate and not evidence-based. They currently state that 'symptoms are usually mild and self-limiting over about 1 week', while our research shows that withdrawal is often severe and can last weeks, months or longer. Updating these guidelines is therefore a priority for the APPG.

The APPG therefore recently submitted evidence to NICE as part of its review of the current depression guidelines. The Welsh Assembly might consider what pressure it can bring to bear on ensuring all relevant guidelines reflect the latest evidence.

Patient Experiences and Current Service Provision

The APPG secretariat has been concerned that there is very little published research in these areas, and has undertaken and submitted its own research to the PHE review. This work has so far resulted in the publication of the systematic review mentioned above and three additional reports:

(i) **Antidepressant Withdrawal: A Survey of Patients' Experience**³ is based on the results of a survey of 319 UK patients affected by antidepressant withdrawal. 64% of patients surveyed claim not to have received any information from their doctors on the risks or side effects of antidepressants, while only 2.5% of patients found NHS 111 to be a helpful source of support during withdrawal. In addition, responses to the survey make clear that the impact of antidepressant withdrawal can be devastating for some individuals with severe withdrawal reactions, with 30% of respondents reporting being off work indefinitely due to the severity of their symptoms.

(ii) **The Patient Voice: An Analysis of Personal Accounts of Prescribed Drug Dependence and Withdrawal**⁴ analyses the experience of 158 individuals who responded to the petitions lodged with parliamentary Petitions Committees in Scotland and Wales in 2017. The report identifies eight key failure points in healthcare systems experienced by these respondents (e.g. the lack of opportunity for informed consent when deciding whether to take the medication) and concludes that the failures encountered require systemic change.

(iii) **An Analysis of four Current UK Service Models for Prescribed Medication Support**⁵ includes the service offered by the Prescribed Medication Support Service (PMSS) in North Wales. The report identifies a range of patient groups for whom services need to be designed. In Wales this might mean an extension of the kind of NHS embedded service offered by PMSS alongside a 24 helpline which would provide support to those alienated by their experience of the healthcare system and those needing more intensive support.

Conclusion

The APPG believes that current service provision is entirely inadequate given the scale and complexity of this issue. Existing drug and alcohol treatment centres do not have the necessary skills or expertise to cope with this cohort of patients, most of who do not consider themselves to be 'addicts'. GPs and psychiatrists are often unaware of the severity and duration of withdrawal symptoms, and many patients report that they are given inappropriate new diagnoses instead of doctors realising that their symptoms are due to drug withdrawal effects. The PMSS in North Wales is the only exception embedded as it is in the heart of the primary care system.

We therefore continue to support the demand by the BMA for a dedicated national 24 hour helpline, with accompanying website, as a minimum, to help patients seeking to withdraw from benzodiazepines, antidepressants and opioids. This helpline and website would fill an essential gap in current service provision, and become a critical resource for patients, families and their doctors.

We have published a declaration of support for the helpline, which has been signed by - among others - the BMA, the Royal College of Psychiatrists, the Royal College of GPs, the Royal College of Physicians, the Royal Society for Public Health, the Medical Schools Council and the British Psychological Society. See <http://cepuk.org/wp-content/uploads/2017/04/Declaration-of-support.pdf>.

We urge the Committee to petition the Welsh Assembly to join the BMA and the APPG in its demand for a national helpline and to consider how this and other services might be implemented for Wales.

References

¹ Davies, J., & Read, J., (2018), 'A Systematic Review into the Incidence, Severity and Duration of Antidepressant Withdrawal Effects: Are Guidelines Evidence-Based?' *Journal of Addictive Behaviors* Available Online: <https://www.sciencedirect.com/science/article/abs/pii/S0306460318308347>

² Antidepressant withdrawal review: authors respond in detail to Mental Elf critique, Available Online: <http://cepuk.org/2018/11/05/antidepressant-withdrawal-review-authors-respond-mental-elf-critique/>

³ Davies, J, Pauli R, Montagu, L (2018), Antidepressant Withdrawal: A Survey of Patients' Experience, Available Online: <http://prescribeddrug.org/wp-content/uploads/2018/10/APPG-PDD-Survey-of-antidepressant-withdrawal-experiences.pdf>

⁴ Guy, A., Lewis, S., Brown, M., (2018) The Patient Voice: An Analysis of Personal Accounts of Prescribed Drug Dependence and Withdrawal, (an APPG for PDD Report) Available Online:

<http://prescribeddrug.org/wp-content/uploads/2018/10/Voice-of-the-Patient-Petition-Analysis-Report.pdf>

⁵ Guy, A., Davies, J., (2018) An Analysis of four Current UK Service Models for Prescribed Medication Support (an APPG for PDD Report)

<http://prescribeddrug.org/wp-content/uploads/2018/11/APPG-Service-Model-Report.pdf>