

Written Response by the Welsh Government to the report of the Petitions Committee - Petition P-05-784 Prescription drug dependence and withdrawal – recognition and support

I would like to thank Stevie Lewis, the petitioner, for raising these important issues and for the input of those individuals who shared their personal experiences in response to the call for evidence. I am also grateful to the members of the Petitions Committee for their report which we will consider as we develop our priorities for substance misuse and prescription drug dependence.

Tackling dependence on prescription only and over the counter medicines is a priority for the Welsh Government. We invest almost £50m annually to provide a range of services and actions which respond to all forms of drug use (both illegal and legal) including prescription and over the counter medicines, and alcohol addiction. We have also previously issued comprehensive guidance and advice to prescribers across Wales.

It is important we distinguish between substance misuse, as the harmful use of substances such as drugs and alcohol; and dependence arising from the therapeutic use of medicines whether they are prescribed or purchased. I give that commitment in responding to this report.

In its report the Committee referred in particular to dependence to prescribed benzodiazepine and antidepressant drugs. It is important we acknowledge dependence is characterised by a range of symptoms, including tolerance and progressive neglect of alternative interests, and not solely difficulty in withdrawing treatment. The different characteristics associated with dependence to benzodiazepines, antidepressants, and other medicines, necessitates a different approach relevant and sensitive to the specifics of each case.

It is also important our approach takes account of the evidence supporting the effective use of a medicine or class of medicines. In contrast to benzodiazepines, where the benefits are limited and where use should be restricted to short courses to alleviate acute conditions, evidence supports the positive impact of antidepressant therapy in longer term use. This includes continuing the use of antidepressants for up to six months following remission.

We must be cognisant that antidepressants have a positive impact in many patients and our approach should not discourage their appropriate use or encourage stopping treatment prematurely.

What is crucial is that the individual must be actively engaged by their clinician in understanding and deciding on their treatment options. Guidelines are clear that, at the outset, patients should be advised about how they may be affected when they stop taking an antidepressant and how these effects can be minimised.

Regular monitoring of how well the medication is working, and safe, gradual reductions in the treatment dose will, in most cases, limit the occurrence of withdrawal symptoms.

I have set out my response to the Report's individual recommendations below.

Recommendation 1. Greater recognition should be given to prescription drug dependence at a national level in both policy and strategy, including within the next Substance Misuse Action Plan and the Substance Misuse Treatment Framework. This should include a clearer distinction between substance misuse and prescription drug dependence, and identification of specific actions to help prevent dependence upon prescription medications and support people affected.

Response: Accept

The Welsh Government will ensure the 2019-22 Substance Misuse delivery plan recognises the issue of prescription drug dependence as separate to substance misuse.

In addition, research is currently being undertaken by the University of South Wales and the Welsh Government in relation to Prescribed Only and Over the Counter Medications.

The primary objectives of the study are:

- **To understand the causes, characteristics and consequences of POM and OTC misuse from the users' perspective.**
- **To inform policy and identify best practice in the delivery of treatment for the misuse of POM and OTC in Wales (and potentially further afield).**

The secondary objectives of the study are:

- **To examine the (legal and illegal) sources and funding of POM and OTC among people who use illegal drugs.**
- **To investigate and understand diversion of POM medication among people who use illegal drugs.**
- **To map existing support systems and identify gaps in provision.**

The research will inform a Substance Misuse Treatment Framework on this issue. This document will be designed to inform and assist service planners, commissioners, substance misuse and wider health and social care providers working with those with problematic use of POMs, including those not currently accessing services. Links to relevant strategy and policy documents will be provided along with a summary of the evidence relating to the provision of services specifically aimed at improving the health and wellbeing of individuals with problematic use/misuse of POMs.

Financial Implications – None

Recommendation 2. The Welsh Government should confirm and explain its position on whether SSRI and SNRI antidepressants should be formally recognised as potentially leading to problems of dependence and withdrawal.

Response: Accept

The Welsh Government is aware dependence is characterised in the International Classification of Diseases and Health Problems (ICD-10) by a range of symptoms, not solely difficulty in withdrawing treatment. We believe caution should be exercised so as not to conflate problems of dependence with withdrawal symptoms, as doing so may be counterproductive.

The Welsh Government recognises SSRI and SNRI antidepressants are, in some cases of discontinuation, associated with withdrawal symptoms consistent with inadvertent dependence. These can occur despite appropriate therapeutic use. Where they occur, withdrawal symptoms typically last for a few weeks. Certain antidepressants, particularly those which have a short half-life and are therefore cleared from the body more quickly, are more likely to cause symptoms than others.

There is good evidence to demonstrate how withdrawal effects can be minimised through structured tapering of SSRIs and SNRIs overseen by the prescribing clinician.

Financial Implications – None

Recommendation 3. The Welsh Government should restate and emphasise antidepressants should not be routinely prescribed for mild depression in guidance to healthcare professionals, and should provide assurances that sufficient alternative treatment options, such as psychological therapies, are available across Wales.

Response: Accept

Existing clinical guidance¹ advises prescription antidepressants are generally not recommended for mild depression and that they are more likely to be effective for moderate to severe cases of depression. Clinicians are aware from the published guidelines of the range of treatment options which should be considered based on their patient's individual needs and medical history, including psychosocial interventions.

We continue to increase our investment to improve access to and the range of psychological therapies that are available. We are also testing new approaches to improve access to non-clinical support to improve mental health through our social prescribing projects.

This recommendation is consistent with the developing Primary Care model, in which the social model of care requires a focus on wellbeing and prevention and an understanding the opportunities that exist across the health, social care and third sector workforce to support individuals in a more holistic way.

As the Committee is aware, the National Institute for Health and Care Excellence NICE guidelines for the treatment and management of depression are currently being reviewed; revised guidelines are expected to be published in February 2020.

In addressing recommendations 3 and 4, the Welsh Government will ensure the revised NICE guidelines are circulated widely to clinicians in Wales.

Financial Implications – None

Recommendation 4. The Welsh Government should ensure that additional guidance is produced and promoted in relation to safe tapering of prescription medications, both for patients and health professionals.

Response: Accept

¹ <https://www.nice.org.uk/guidance/cg90/chapter/Key-priorities-for-implementation>

As noted in the response to Recommendation 3, the revised NICE guidelines will be circulated to clinicians in Wales.

Financial Implications – None

Recommendation 5. The Welsh Government should provide an update on the actions carried out in response to Recommendation 8 of the Health and Social Care Committee's inquiry into Alcohol and Substance Misuse published in August 2015.

Response:

There were two actions listed under recommendation 8 from the HSC Committee inquiry:

1. *The All-Wales Prescribing Advisory Group (a sub-group of the All-Wales Medicines Strategy Group (AWMSG)) will be asked to consider the evidence submitted to the Committee, identify any gaps in current guidelines and develop further guidance as appropriate during 2016.*

The All Wales Therapeutics & Toxicology Centre (AWTTC), which provides professional secretariat, pharmaceutical, clinical and health economics support to AWMSG and its subgroups, has produced or contributed to a range of relevant guidance and good practice as outlined at Annex A.

2. *The Welsh Government's independent Advisory Panel on Substance Misuse is also currently reviewing the harms associated with prescription only analgesics; part one of this review, which focuses on tramadol, will be reporting next month. The recommendations from this review will be considered by the Welsh Government and, where appropriate, be incorporated into the new substance misuse delivery plan 2016-18.*

The Welsh Government's former independent expert Advisory Panel on Substance Misuse (APoSM) published a report in September 2015 entitled 'Reducing the harms associated with prescription-only analgesics: Tramadol' which made a number of recommendations to address the issue of deaths associated with tramadol and other prescription only medicines.

As a follow up to this report, the panel published a second report in December 2018 entitled 'A report on: Harms Relating to Prescription Only Analgesics'. This report considers evidence in relation to the harms caused by prescription-only analgesics as well as outlining areas of good practice internationally and within Wales itself. The report also makes recommendations on how to address the issue of harms relating to these medicines and provides an update on the previous report focussing on tramadol.

Specific actions relating to both of the above mentioned reports were included in the Substance Misuse Delivery Plan 2016-18. We will also consider the recommendations made in the "Harms Relating to Prescription Only Analgesics" report as we finalise the draft 2019-22 Substance Misuse Delivery Plan.

Financial Implications – None

Recommendation 6. The Welsh Government should determine whether SSRI and SNRI antidepressants should be added to the list of drugs targeted for reduction, and should introduce a national prescribing indicator to support closer monitoring of prescribing volumes and patterns across Wales. This indicator should be used to identify areas where further investigation or intervention may be required.

Response: Reject

It is important our approach to prescribing indicators takes account of the evidence supporting the effective use of a medicine or class of medicines. For benzodiazepines where a national prescribing indicator is in place, the benefits of treatment are limited and use should be restricted to short courses to alleviate acute conditions. In the case of SSRI and SNRI antidepressants evidence supports the positive impact of antidepressant therapy in longer term use. This includes continuing the use of antidepressants for up to six months following remission.

As I outlined in my letter of 4 January 2018 to the then Chair of the Petitions Committee, depression can be linked to a range of physical, practical and wellbeing issues. SSRI and SNRI antidepressants have an effective role to play in managing depression. The intention should not, therefore, be to target these medications for wholesale reduction but rather to improve prescribing, patient review and safe tapering practice. In considering whether to prescribe medication, it is also important to consider alternative psychosocial treatment options such as counselling.

We believe a national prescribing indicator intended to reduce prescribing could have the unintended consequence of discouraging the appropriate use of SSRI and SNRI antidepressants and result in patients stopping treatment prematurely.

The Welsh Government understands that the Royal College of Psychiatrists will shortly be issuing a new position statement on Antidepressants and Depression. This will contain specific reference to withdrawal symptoms and how they are best managed. Furthermore, The Royal College of Psychiatrists in Wales intend to draw up recommendations specific to Wales which the Welsh Government will consider once this work is published.

As noted in response to Recommendation 3, the revised NICE guidelines will be circulated to clinicians in Wales.

Financial Implications – None

Recommendation 7. The Welsh Government should investigate, as a priority, the potential for a national rollout of a service based upon the Prescribed Medication Support Service operating within Betsi Cadwaladr University Health Board, in order to ensure that specific advice and support is available for people who require assistance with prescription medication.

Response: Accept in principle

We understand the need to deliver services for individuals who are experiencing problematic use of prescribed only or over the counter medications. Problematic use of POMs and OTC medicines includes inadvertent dependence as a result of long

term use or over-prescription of the drug. It is therefore essential that a range of services are available to ensure they suit the needs of the individual.

Primary care should be the first point of access with the patient's GP ensuring appropriate prescribing, consistent monitoring and support for safe tapering, and titration of the medication where necessary. In addition, drug treatment services should provide support where necessary. As part of their needs assessments Area Planning Boards should ensure this topic is covered and that services are engaging with GP practices to address this issue.

Financial Implications – None

Recommendation 8. The Welsh Government should create opportunities for a coordinated strategy and greater information-sharing between health boards in relation to prescribed drug dependence, with a view to improved sharing of best practice and to ensure equity of services and support to patients.

Response: Accept

Where appropriate we have national prescribing indicators which allow us to identify variation between HBs and practices. We will continue to work with the AWMSG to produce tools to share best practice and drive improvement through best practice days and resources such as the educational pack to Support Appropriate Prescribing of Hypnotics and Anxiolytics.

Recommendation 9. NHS Wales should make better use of the expertise of pharmacists to support evidence-based prescribing, patient monitoring including regular patient reviews, and increased provision of help with tapering and withdrawing from medication.

Response: Accept

Whilst this recommendation is for NHS Wales, the Welsh Government is wholly supportive of pharmacists' expertise being fully utilised across the Service.

Through our investment in primary care clusters, the number of pharmacists working in GP practices has increased significantly since 2016. These pharmacists as experts in medicines have a vital role in carrying out medication reviews and providing professional advice to patients, and are well placed to support patients stopping prescribed treatment.

Further, as highlighted by the Committee, a wider, multi-disciplinary approach to these issues is likely to be far more successful and our investment in primary care clusters means a wider range of health and social care professionals are working in GP practices and able to provide and promote non-pharmacological approaches to the management of depression and other mental health issues.

Financial Implications – None

Recommendation 10. The Welsh Government should conduct and publish an assessment of the sufficiency of the advice available to people experiencing prescription drug dependence and withdrawal through the DAN24/7 helpline, including the adequacy of training for operators. The Welsh Government should ensure that the availability of advice related to prescribed drug dependence is promoted appropriately.

Response: Accept

We continue to work with DAN 24/7 to ensure information is relevant and up to date. Our future delivery plan will aim to ensure that use of the DAN 24/7 site is maximised so that individuals and organisations are able to make the best use of technology in accessing services.

Officials will work with staff from DAN 24/7 to discuss the level of training and awareness operatives have on POMs and evaluate if any further training is necessary.

During 2019-20 officials will be working with DAN 24/7 to ensure the content of the website reflects current trends, this includes the misuse and dependence of POMs.

Financial Implications – None

GUIDANCE ON PRESCRIPTION ONLY AND OVER THE COUNTER MEDICINES

OPIATES

APoSM's report "Reducing the harms associated with prescription-only analgesics: Tramadol" (2015)

<https://gweddill.gov.wales/docs/dhss/publications/151110tramadolreporten.pdf>

AWMSG [Tramadol Educational Resource Materials](#) – (2013; updated in 2014 and remains relevant)

APoSM's report "Harms related to Prescription Only Analgesics" (2018)

<https://gweddill.gov.wales/docs/dhss/publications/a-report-on-harms-relating-to-prescription-only-analgesics.pdf>

AWMSG National Prescribing Indicators (NPIs) introduced for Gabapentin and Pregabalin and Opioid analgesics (since 2017)

<http://www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%2019-2020.pdf>

["Medicines Identified as a Low Priority for Funding within NHS Wales"](#) (2017) - included co-proxamol (one of 5 medicines) with the recommendation for it not to be prescribed due to safety reasons. Evaluation has shown that since this date there has been a 65% decrease in usage of co-proxamol across Wales.

HYPNOTICS/ANXIOLYTICS

Hypnotics and Anxiolytic [Educational Pack: Supporting Prescribing of Hypnotics and Anxiolytics across Wales](#) (April 2011, updated December 2016).

AWMSG National Prescribing Indicators (NPIs) Incorporation of relevant National Prescribing Indicators; Hypnotics and Anxiolytics (since 2012).

<http://www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%2019-2020.pdf>

Scientific publication: [Donnelly K, Bracchi R, Hewitt J, Routledge PA, Carter B. Benzodiazepines \(BNZ\), Z-drugs and the risk of hip fracture: A systematic review and meta-analysis. PLoS One. 2017 Apr 27;12\(4\):e0174730. doi: 10.1371/journal.pone.0174730. eCollection \(2017\)](#)

AWTTC staff co-authored this paper showing that both BNZ and Z-drug use were significantly associated with an increased risk of hip fracture, and that short-term use of BNZ and Z-drugs was also associated with the greatest risk of hip fracture.

ANTIDEPRESSANTS

Scientific Publication: [Deslandes PN, Jenkins KS, Haines KE, Hutchings S, Cannings-John R, Lewis TL, Bracchi RC, Routledge PA. A change in the trend in dosulepin usage following the introduction of a prescribing indicator but not after two national safety warnings. J Clin Pharm Ther. 2016 Apr; 41\(2\):224-8. doi: 10.1111/jcpt.12376. Epub 2016 Mar 2 \(2016\)](#)

AWTTC staff authored this scientific publication showing that the trend in dosulepin usage in Wales altered significantly following the introduction of the NPI, but not after the other prescribing advice from two UK national bodies. This association, coupled with the absence of a significant change in NE England over the same period, indicated a possible relationship between the NPI introduction and a change in prescribing behaviour in Wales.

BEST PRACTICE DAYS

Best Practice Day 2016 included sessions on initiatives for appropriate prescribing on Tramadol (ABUHB) and Hypnotics and Anxiolytics (BCUHB)

Best Practice Day 2017 included sessions on initiatives for De-prescribing Opioids (ABUHB with patient), De-prescribing (Hywel Dda UHB) and Antipsychotics in Dementia (C&V UHB)

Best Practice Day 2018 included sessions on De-prescribing (Hywel Dda UHB) and Medicines Management in a Care Home (ABMUHB) both of which included patient review of hypnotics and anxiolytics.

Best Practice Day 2019 scheduled to include initiatives on non-drug treatments for depression and anxiety (e.g. mindfulness via the Valley Steps Programme in Cwm Taf UHB).