

# **Petition P-05-784**

Prescription drug dependence  
and withdrawal – recognition and  
support

March 2019



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# **Petition P-05-784**

Prescription drug dependence  
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# About the Committee

The Committee was established on 28 June 2016. Its remit can be found at:  
[www.assembly.wales/SeneddPetitions](http://www.assembly.wales/SeneddPetitions)

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## Committee Chair:



**Janet Finch-Saunders AM**  
Welsh Conservatives  
Aberconwy

## Current Committee membership:



**Mike Hedges AM**  
Welsh Labour  
Swansea East



**Neil McEvoy AM**  
Independent  
South Wales Central



**Leanne Wood AM**  
Plaid Cymru  
Rhondda

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The following Member was also a member of the Committee during this inquiry.



**Rhun ap Iorwerth AM**  
Plaid Cymru  
Ynys Môn



**David J Rowlands AM**  
UKIP Wales  
South Wales East

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## Recommendations

**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.  
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**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.....Page 22

**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. .... Page 28

**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. .... Page 28

**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..... Page 28

**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..... Page 28

## 1. The Petition

This report summarises the evidence considered by the Petitions Committee in relation to a petition concerning dependence upon prescription medication. It also contains the Committee's recommendations to the Welsh Government on this issue.

1. The petition, *Prescription drug dependence and withdrawal – recognition and support*, was submitted by Stevie Lewis in August 2017. It was referred to the Petitions Committee in December 2017 having collected 213 signatures.

### **Petition text**

We call on the National Assembly for Wales to urge the Welsh Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal.

This petition has been set up to raise awareness of the plight of individuals in Wales who are affected by dependence on and withdrawal from prescribed antidepressants and benzodiazepines – and specifically to ask the Welsh Government to support the BMA's UK-wide call for action to provide timely and appropriate support for individuals affected.

The term “prescription drug dependence” refers specifically to the situation where, having taken their antidepressant or benzodiazepine medication exactly as prescribed by their doctor, patients find they are unable to stop because of the debilitating withdrawal effects. It is important to note here that addiction and dependence are related but different issues. Use of the term addiction implies pleasure seeking behaviour. Reporting of prescription drug dependence in the media continues to allude to “misuse” and “addiction” as if the patient is responsible in some way for their own harm. This is far from the truth. There is no pleasure whatsoever in finding that if you try to reduce or stop your antidepressant, you suffer a wide range of physical and emotional disturbances, that for some people can be life limiting and, tragically, even life ending. Patients need formal acknowledgement, support and guidance to help them through their withdrawal journey and this currently does not exist.

### Additional information:

The British Medical Association has recently highlighted the issue of prescribed drug dependence. In May 2017, they wrote: *“Prescribing of psychoactive drugs is a major clinical activity and a key therapeutic tool for influencing the health of patients. But often their use can lead to a patient becoming dependent or suffering withdrawal symptoms. In the absence of robust data, we do not know the true scale and extent of the problem across the UK. However, the evidence and insight presented to us by many charity and support groups shows that it is substantial. It shows us that the ‘lived experience’ of patients using these medications is too often associated with devastating health and social harms. This represents a significant public health issue, one that is central to doctors’ clinical role, and one that the medical profession has a clear responsibility to help address”*. Because the side effects, tolerance effects and withdrawal effects of these medicines are not medically recognised for what they are, when patients develop these related effects/symptoms they are often prescribed other medicines and then polypharmacy complicates the problems further.

Affected patients are finding themselves with vague diagnoses e.g. “medically unexplained symptoms” or “functional/somatic system disorders”. These are essentially psychiatric diagnoses attributing various debilitating and disabling physical symptoms to patients’ own anxiety, beliefs, etc. This has the effect of discounting, disempowering and demoralising these patients still further. If it cannot be acknowledged that patients can have sustained functional nervous system dysfunction and damage as a consequence of taking medicines “as prescribed” (sometimes over many years), systemic medical learning and improvement is stifled and patients continue to be further harmed. Meanwhile the initial prescribing risks remain severely underestimated and misleading prescribing guidelines and “best practice” advice is unchanged”.<sup>1</sup>

2. The Committee would like to thank Stevie Lewis for bringing this issue to the attention of the National Assembly for Wales and for her commitment and dedication throughout the process.
3. The Committee was also like to the thank the individuals and organisations that provided evidence and views to support their consideration of this issue.

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<sup>1</sup> [P-05-784 Prescription drug dependence and withdrawal – recognition and support](#)

## 2. Timeline of consideration by the Petitions Committee

4. The Petitions Committee discussed the petition for the first time at a meeting on 5 December 2017. Correspondence received from the petitioner outlined further background to the petition, including her personal experience of these issues:

“My name is Stevie Lewis and in 1996, at the age of 41, I was prescribed an SSRI (Selective Serotonin Re-uptake Inhibitor) antidepressant for intermittent insomnia and PMT. In 2002, after several attempts at stopping and failing, I discovered that I had become physically dependent on the drug. For years I kept trying to come off the drug and each time the withdrawal symptoms got worse and worse. In 2009 I developed a movement disorder which has its roots in long term use of an SSRI antidepressant. Eventually I stopped in 2013 and have been through a long and crippling withdrawal.”<sup>2</sup>

5. She described four “fundamental problems” which make the actions called for in the petition necessary:

- A lack of willingness to admit that antidepressants specifically are problematic, perhaps as a result of a lack of available alternatives for doctors and patients;
- Reluctance to listen to the concerns of patients and acknowledge dependence or withdrawal symptoms;
- A lack of available services even when dependence or withdrawal is recognised, and an inappropriate reliance on drug misuse services;
- An absence of formal consistent advice on drug tapering.

6. The Committee also considered an initial response to the petition from the Minister for Social Services and Public Health, Rebecca Evans AM, who was responsible for policy in relation to substance misuse at that time.

7. The Committee continued to investigate a number of the issues related to the petition over subsequent months, including through correspondence with the petitioner, the Welsh Government, organisations with expertise in this area,

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<sup>2</sup> [Petitioner to the Committee](#), 27 November 2017

including health boards and professional bodies, and people with direct personal experience.

### Personal experiences

The Committee also issued an invitation<sup>3</sup> for individuals with personal experience of prescription drug dependence or withdrawal to provide their experiences so that they could inform the Committee's consideration of this issue. The invitation was issued and publicised by the petitioner, Stevie Lewis, using established networks of people who have personally experienced some of these issues.

As well as individuals' experiences of prescription drug dependence or withdrawal itself, the Committee also specifically sought views on any support that had been received from services.

The Committee received 13 written responses from individuals affected by prescription drug dependence, 12 of which were published by the Committee. These provide a valuable insight into the impact on those affected by this issue. The key themes are consistent with the points raised by the petitioner and with the calls made by others such as the BMA.

Specific themes arising from the experiences are a perceived need for increased access to specialist support services for prescribed drug dependence and better guidance and training for healthcare professionals.

Given the personal nature of the testimonies received and the individual circumstances it is not appropriate to quote directly from their contents here, however the combined experiences related make for a powerful testimony of the impact on these issues on people's lives. They can be read here:  
[www.senedd.assembly.wales/documents/s77369/Personal%20Experiences.pdf](http://www.senedd.assembly.wales/documents/s77369/Personal%20Experiences.pdf)

**8.** Having considered the entirety of the evidence received, in June 2018 the Committee wrote a detailed letter to the Cabinet Secretary for Health and Social Services, Vaughan Gething AM, who had taken over responsibility for this area of policy. Following receipt of his response, the Committee agreed to produce this report on its consideration of the petition.

**9.** Subsequently, the Committee received correspondence in November 2018 from the All Party Parliamentary Group (APPG) for Prescribed Drug Dependence

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<sup>3</sup> [Committee invitation to individuals with experience of prescription drug dependence and withdrawal to provide views, February 2018](#)

at Westminster. This contained research produced on the APPG's behalf and supported the objectives of the petition. The petitioner also provided a summary of her views during the same month.

**10.** The remaining sections of this report summarise the evidence received in relation to a number of key issues.

### 3. Prescription drug dependence

**11.** There are several classes of prescription-only medicines which have been associated with dependency and misuse. These include:

- Sedatives such as benzodiazepines and z-drugs. Within this category, hypnotics and anxiolytics are sometimes discussed separately;
- Analgesics (painkillers), including opioids such as morphine, tramadol and high-dose codeine; and
- Antiepileptics, notably pregabalin and gabapentin.

**12.** The petition itself expresses specific concern over antidepressants, such as Selective serotonin reuptake inhibitors (SSRIs) and Serotonin and norepinephrine reuptake inhibitors (SNRIs), and their association with dependency and withdrawal problems.

**13.** Problematic use of prescription medications can include misuse (using a medication in a way other than as prescribed), inadvertent dependence as a result of use as prescribed, or over-prescription of the drug.

**14.** There are also several over-the-counter drugs which have been associated with problems of dependency. These include compound analgesics containing low-dose codeine in combination with another drug, such as co-codamol (codeine and paracetamol) and Nurofen Plus (codeine and ibuprofen). However the Committee's consideration has focused on medications provided on prescription following the concerns raised within the petition.

#### Recognition of prescription drug dependence

**15.** A central tenet of the petition is a call for greater recognition of the problems associated with prescription drug dependence, in particular amongst policy-makers and health professionals. Recognition in this case primarily means:

- acknowledgement of the problem of prescription drug dependence (PDD), its scale and the impact that it has on people affected; and
- acknowledgement, or agreement, of the specific types of medications that can cause dependence and withdrawal issues.

**16.** Dependence on, and misuse of, prescription and over-the-counter medicines has acquired a higher profile as a public health issue over recent years. The

Committee found that dependence on prescription medicines, and the harm and adverse effects that this can have on individuals, were recognised across all the evidence it received from the Welsh Government, health boards and professional bodies. For example, BMA Cymru Wales stated that:

“Prescribing of psychoactive drugs is a major clinical activity and a key therapeutic tool for influencing the health of patients. However, when certain psychoactive drugs are inappropriately prescribed there is potential for patients to become dependent or suffer withdrawal symptoms, leading to a range of health and social harms.”<sup>4</sup>

**17.** In October 2017 the then Minister for Social Services and Public Health wrote:

“I recognise the misuse of prescription only and over the counter medicines causes serious health problems for some. Misuse can include situations where there may have been poor prescribing practices that may have led to dependency or other problems, as well as use for which the medication was not originally intended.”<sup>5</sup>

**18.** The response from the Minister referred to “Working Together to Reduce Harm”, the Welsh Government’s 10-year strategy to tackle substance misuse, which sets out the approach to tackling a wide range of substances that are “misused” in Wales, including prescription-only and over-the-counter medicines.<sup>6</sup>

**19.** The Welsh Government also had a Substance Misuse Delivery Plan for 2016-18.<sup>7</sup> This contained specific actions relating to tackling dependence on prescription-only and over-the-counter medicines, including targeted prevention and awareness raising campaigns and the development of a Substance Misuse Treatment Framework (SMTF) focusing specifically on prescription-only and over-the-counter medicines. The Minister stated that this was expected to be published in March 2018.

**20.** In light of the responses received and the actions taken or planned, the petitioner acknowledged in November 2018 that:

“Wales is in the enviable position of being ahead of the game as far as recognition and support for people with PDD is concerned. The All

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<sup>4</sup> [BMA Cymru Wales to the Committee](#), 6 February 2018

<sup>5</sup> [Minister for Social Services and Public Health to the Committee](#), 18 October 2017

<sup>6</sup> [Welsh Government, Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018](#)

<sup>7</sup> [Welsh Government, Substance Misuse Delivery Plan 2016 - 2018](#)

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Wales Medicines Strategy Group (AWMSG) has already recognised the danger for dependency on certain drugs, namely benzodiazepines, anxiolytics, hypnotics and opioids and targeted these for reduction in prescribing.”<sup>8</sup>

## The contribution of antidepressants to prescription drug dependence

**21.** However, there is greater debate in relation to whether or not antidepressants should be specifically recognised as potentially leading to problems of dependence and withdrawal. Abertawe Bro Morgannwg University Health Board (UHB) stated in a letter to the Committee that:

“Antidepressants do not cause dependence and are not generally considered to be addictive.”<sup>9</sup>

**22.** The Health Board referred instead to “discontinuation effects” and advice that patients should taper use of antidepressants when stopping taking them. Similar comments were received from Aneurin Bevan UHB who stressed the need to “step down” treatment of antidepressants to avoid “discontinuation symptoms” as “distinguished from true drug dependence as seen in opiates and benzodiazepines”.<sup>10</sup> Cardiff and Vale UHB sought to differentiate between drug dependence and discontinuation syndrome associated with antidepressants, but where they state that other symptoms characteristic of dependence are not present:

“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.”<sup>11</sup>

**23.** Conversely, Hywel Dda UHB stated:

“The concerns raised relating to dependence of individuals on some groups of drugs such as benzodiazepines and antidepressants have been recognised for some time.”<sup>12</sup>

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<sup>8</sup> [Petitioner to the Committee](#), 5 November 2018

<sup>9</sup> [Abertawe Bro Morgannwg University Health Board to the Committee](#), 1 March 2018

<sup>10</sup> [Aneurin Bevan University Health Board to the Committee](#), 18 March 2018

<sup>11</sup> [Cardiff and Vale University Health Board to the Committee](#), 28 March 2018

<sup>12</sup> [Hywel Dda University Health Board to the Committee](#), 5 March 2018

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**24.** A number of medical professionals also wrote to the Committee to support the petition and to specifically call for greater action in relation to antidepressants. Dr. Terry Lynch told the Committee:

“The medical profession and pharmaceutical manufacturers have persistently and wrongly assured the public that SSRI antidepressants do not cause drug dependency. To protect themselves and their non-dependency claims, the medical profession has long insisted on the use of the term ‘discontinuation’ symptoms rather than ‘withdrawal’ symptoms, thus airbrushing the dirty words, ‘drug withdrawal’ out of the discourse, and consequently, out of public awareness.

For two decades, it has been clear to me as a practicing physician that SSRIs commonly cause withdrawal problems. Traditionally, medical practitioners have mistaken SSRI drug withdrawal problems as recurrence of depression.”<sup>13</sup>

**25.** A recent systematic review published in the Journal for Addictive Behaviours on behalf of the APPG for Prescription Drug Dependence concluded that:

- “More than half (56%) of people who attempt to come off antidepressants experience withdrawal effects;
- Nearly half (46%) of people experiencing withdrawal effects describe them as severe;
- It is not uncommon for the withdrawal effects to last for several weeks or months.”<sup>14</sup>

**26.** These findings have been challenged by others, leading the authors to acknowledge that while the figures are estimates, even conservative analysis of the results lead to a conclusion that this is a “public health issue of significant proportions”.<sup>15</sup>

**27.** The petitioner calls for antidepressants to be formally recognised as having the potential to “cause dependence to a level equal to” other prescription-only medications acknowledged as being associated with dependence. In response to the submissions provided by health boards she stated:

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<sup>13</sup> [Dr Terry Lynch to the Committee](#), 23 December 2017

<sup>14</sup> [Davies, J. and Read, J., \(2018\) A Systematic Review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence based?](#) Journal of Addictive Behaviors

<sup>15</sup> [Council for Evidence-Based Psychiatry, Dr James Davies and Prof John Read respond to Mental Elf critique](#), 18 October 2018

“As a patient taking antidepressants, these views also lead you to not being believed if you think you are in withdrawal and to you not getting the care and support you need. Worse still, you will be kept on the drug because the diagnosis will be that your original symptoms have come back. Only by adding antidepressants to the list of drugs targeted for reduction will all the Health Boards have the appropriate level of incentive to take patients’ needs seriously. Only by adding antidepressants to this list together with new up-to-date prescribing guidelines will GPs acknowledge and understand the scale of antidepressant dependence and withdrawal and treat their patients accordingly, rather than continue with the drug or move them on to other specialist departments at a huge cost to the NHS.”<sup>16</sup>

## Volume of prescribing

**28.** Health boards recognise that in Wales there is a high volume of prescribing the types of medicines that could cause dependence. Several made reference to the All Wales Medicines Strategy Group (AWMSG) Primary Care Prescribing Indicators, which show both high prescribing quantities and variations between health boards and GP practices in prescribing these medicines.

**29.** Some health boards also referred to a steady decrease in prescribing over the past few years, which was often attributed to ongoing work to address high prescribing levels, such as providing alternatives to medication (covered in more detail later in this report). However Cardiff and Vale UHB cautioned:

“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.”<sup>17</sup>

**30.** In April 2018 the Welsh Government published a “Review of Working Together to Reduce Harm”. On page 74 of the report, it states:

“In terms of the use and misuse of prescription drugs, there appears to be very little proportionate space provided for critical considerations about the appropriateness of such a large volume of drug taking activity.

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<sup>16</sup> [Petitioner to the Committee](#), 20 April 2018

<sup>17</sup> [Cardiff and Vale University Health Board to the Committee](#), 28 March 2018

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Medicines are almost always assumed to be good, yet inexorable increase in their use, cost and potential overuse/misuse appear to go relatively unchecked. Again, this is not easy for the Welsh Government to have sole address.”<sup>18</sup>

**31.** A 2015 review of opioid painkiller dependency in the UK concluded:

“[...] there seems little doubt through the limited number of studies that have been conducted and day to day experience of clinicians that there are potentially significant numbers of people struggling with a dependency to prescription and OTC painkillers.”<sup>19</sup>

**32.** Dr David Healy, a Professor of Psychiatry based in Bangor, told the Committee that:

“Ten per cent of the population of Wales takes an antidepressant on prescription. Of those between 80 and 90% are on treatment for more than a year - many for over a decade. When the latest antidepressants were introduced around 1990 the recommendation was that they would be used for 3-6 months.”<sup>20</sup>

**33.** However, it appears to be generally accepted that this aspect of health provision is under-researched and not fully understood, including in regard to the true scale of the problem. The British Medical Association (BMA) states on its website<sup>21</sup> that due to the absence of robust data, they do not know the true scale and extent of the problem across the UK. However they indicate that evidence and insight presented by charities and support groups suggests that it is substantial. Following work with a range of such organisations, as well as professional and governing bodies, the BMA’s view is that there is an urgent need for better support systems for patients suffering because of dependence or withdrawal. They note that patients often feel there is no support, and no one to talk to, when they encounter problems with these psychoactive drugs.

**34.** Several health boards also referred to a range of alternatives to medication. For example, Abertawe Bro Morgannwg UHB work with partners to:

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<sup>18</sup> Welsh Government, [Review of Working Together to Reduce Harm](#), 19 April 2018

<sup>19</sup> Shapiro, H. (2015), [Opioid painkiller dependency \(OPD\): An overview](#)

<sup>20</sup> [David Healy to the Committee](#), 23 November 2017

<sup>21</sup> BMA, [Supporting individuals affected by prescribed drugs associated with dependence and withdrawal](#) (updated 7 December 2018)

“[...] identify and put into place alternative pathways, group therapy and one to one support to individuals to address underlying mental health issues, loneliness and isolation and to prevent and mitigate the need for prescribing.”<sup>22</sup>

**35.** Some referred to work undertaken in collaboration with partners such as local authorities and the third sector to put in place alternative pathways that mitigate the need for prescribing. For example, Cwm Taf UHB referred to access to stress management, mindfulness and other coping strategies for patients with low-level symptoms. GP clusters within the area also commission third sector advice and support to patients with low mood and depression.

## OUR VIEW

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**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.

**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.

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<sup>22</sup> [Abertawe Bro Morgannwg University Health Board to the Committee, 1 March 2018](#)

## 4. Guidelines

**36.** In their initial response to the petition, the Welsh Government referred to existing guidelines for the prescribing of medication:

“There are clear guidelines in place from the National Institute for Health and Care Excellence (NICE) for the prescribing of antidepressant drugs and the treatment of depression. In addition, comprehensive guidance on the prescribing and monitoring of hypnotics and anxiolytics, including benzodiazepines, were published by the All Wales Medicines Strategy Group in 2011 and updated in 2016. In addition, a specific Welsh Health Circular providing advice for prescribers on the risk of the misuse of pregabalin and gabapentin was disseminated throughout Wales in July 2016.”<sup>23</sup>

**37.** The Minister also stated that clinicians are required to follow the guidelines and also to use their clinical judgement to determine what course of treatment to provide to patients, including the use of other interventions as an alternative to prescribed medication.

**38.** Health boards referred to AWMSG guidelines and materials in their correspondence with the Committee. Hywel Dda UHB stated that this is used with a view to reduce dependency and support controlled withdrawals from medication by pharmacists and GP practices.

**39.** However, the petitioner has questioned the basis and adequacy of current guidelines related to antidepressants, such as those produced by NICE. She has referred to several reports which:

“[...] have concluded that one of the main reasons that patients become dependent on antidepressants is that the NICE guidelines, followed by doctors UK-wide, are inaccurate and inadequate. The guidelines have been quoted widely in the media, stating that antidepressant discontinuation is mild and self-limiting. This leads to lack of informed consent and inappropriate prescribing.”<sup>24</sup>

**40.** One of these reports concludes as follows:

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<sup>23</sup> [Minister for Social Services and Public Health to the Committee](#), 18 October 2017

<sup>24</sup> [Petitioner to the Committee](#), 5 November 2018

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“Clinical guidelines must also be updated to reflect the actual incidence, severity and duration of antidepressant withdrawal, and to enable doctors, psychiatrists and other practitioners to provide appropriate care, including slow tapering protocols.”<sup>25</sup>

**41.** At the time of writing, NICE guidelines for the treatment and management of depression are being reviewed and a new version is expected in December 2019.<sup>26</sup>

**42.** The Royal Pharmaceutical Society (RPS) Wales referred to guidelines within the British National Formulary (BNF) 74 which state that antidepressants can be effective for moderate to severe depression when used correctly and appropriately, and are prescribed within guidelines:

“Antidepressant drugs should not be used routinely in mild depression, and psychological therapy should be considered initially; however, a trial of antidepressant therapy may be considered in cases refractory to psychological treatments or in those associated with psychosocial or medical problems. Drug treatment of mild depression may also be considered in patients with a history of moderate or severe depression.”<sup>27</sup>

**43.** The BMA has called for clear guidance on tapering and withdrawal management, and better education and training for healthcare professionals.

**44.** The Fourth Assembly’s Health and Social Care Committee heard evidence on the issue of prescribed drug dependence during an inquiry into Alcohol and Substance Misuse.<sup>28</sup> In relation to prescription medications the Committee recommended that:

“[...] the Welsh Government reviews the guidelines for GPs and pharmacists to reduce the potential for over-prescribing and over-supply, improve patient monitoring, and ensure that, where appropriate, there is an exit plan for patients.”

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<sup>25</sup> Davies, J. and Read, J., (2018) [A Systematic Review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence based?](#) Journal of Addictive Behaviors

<sup>26</sup> National Institute for Health and Clinical Excellence (NICE), [Depression in adults: treatment and management](#)

<sup>27</sup> [Royal Pharmaceutical Society Wales to the Committee](#), 13 March 2018

<sup>28</sup> National Assembly for Wales, Health and Social Care Committee, [Inquiry into alcohol and substance misuse](#), August 2015

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**45.** The Welsh Government responded to this report by stating that the All-Wales Prescribing Advisory group would be asked to consider the Committee’s inquiry during 2016.<sup>29</sup> The inquiry evidence also informed the draft Substance Misuse Delivery Plan for 2016-2018. This Plan is now being reviewed and the Welsh Government is developing substance misuse priorities from 2019.

**46.** A Substance Misuse Treatment Framework is also being developed, with a specific focus on prescription-only and over-the-counter medicines. This was initially intended to be published in March 2018. However, the Committee understands that the Welsh Government has undertaken additional research over summer and autumn 2018 to inform its development.

### Targeted reduction of antidepressants

**47.** The petitioner has specifically called for SSRI and SNRI antidepressants to be added to the list of drugs that are targeted for reduction as a way to reduce the prevalence of dependence on prescription drugs:

“In order for change to occur in Wales so fewer people are affected by PDD, the AWMSC must add SSRI and SNRI antidepressants to the list of drugs that are targeted for reduction, as benzodiazepines, anxiolytics, hypnotics and opioids currently are.”<sup>30</sup>

**48.** The Committee wrote to the Welsh Government to seek a response to this suggestion and to ask whether it considered that additional guidance may be required in order to seek to reduce the volume of prescribing of antidepressants, and in relation to tapering and coming off this type of medication. The Cabinet Secretary responded:

“Clinicians are required to follow [NICE] guidelines and use their clinical judgement in determining what course of treatment to prescribe to their patients, based on their patients’ individual needs and medical history. The options for treatment include psychosocial interventions in addition to or as an alternative to prescribed medication.

Depression can be linked to the presence of chronic physical illness as well as deprivation; in some areas of Wales there is a high burden of such problems. [...] Prescribing antidepressants is one aspect of helping patients manage their condition and reducing access to these

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<sup>29</sup> Welsh Government, [Response to Recommendations from the Health and Social Care Committee: Inquiry into Alcohol and Substance Misuse](#), October 2015

<sup>30</sup> [Petitioner to the Committee](#), 5 November 2018

medicines by requiring fewer prescriptions to be issued could be too simplistic an approach.”<sup>31</sup>

**49.** However, the Cabinet Secretary did commit to investigating the scope and need for further guidance and whether a national prescribing indicator might support clinical decision-making in relation to antidepressant use. Prescribing indicators are used to highlight therapeutic priorities within the NHS and as a tool to compare the ways in which different prescribers and organisations use particular medicines or groups of medicines. As such, they can be used to identify trends or patterns in prescribing practice.

## OUR VIEW

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**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.

**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.

**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.

**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.

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<sup>31</sup> [Cabinet Secretary for Health and Social Services to the Committee](#), 4 January 2018

## 5. Services

**50.** A central element of the petition relates to a perceived lack of support available to people using or trying to withdraw from prescribed medication.

**51.** In October 2016, the BMA published recommendations based on the findings of an analysis report<sup>32</sup> published a year earlier:

- “The UK Government, supported by the devolved nations, should introduce a national, 24 hour helpline for prescribed drug dependence.
- Each of the UK governments, relevant health departments and local authorities should establish, adequately resourced specialist support services for prescribed drug dependence.
- Clear guidance on tapering and withdrawal management should be developed collaboratively with input from professional groups and patients.”<sup>33</sup>

**52.** The correspondence received from health boards outlines the support currently in place in their areas, with patients being able to access specialist help from local drug and alcohol services, community mental health teams, and/or local primary care mental health services. For example, Cardiff and Vale UHB told the Committee:

“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.”<sup>34</sup>

**53.** However, a major contention of those supporting the petition is that the majority of existing support and advice services are not specific to prescription drugs, but are instead generally focused on substance misuse. The petitioner has argued that this means that the support available is not appropriate to people who have become dependent upon prescription medication, and also makes it less likely that people will access these services in the first place.

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<sup>32</sup> British Medical Association, [Prescribed drugs associated with dependence and withdrawal – building a consensus for action](#), October 2015

<sup>33</sup> British Medical Association, [BMA calls for national prescription drug helpline](#), October 2016

<sup>34</sup> [Cardiff and Vale University Health Board to the Committee](#), 28 March 2018

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**54.** The APPG on Prescribed Drug Dependence write:

“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’.”<sup>35</sup>

**55.** Other research has indicated that the stigma attached to addiction can be a barrier preventing dependent individuals from seeking help. A 2015 review of the situation in the UK regarding opioid painkillers stated that:

“In the main, those suffering from opioid painkiller dependency are not willing to attend established community drug treatment centres, but find there are few specialist treatment options.”<sup>36</sup>

**56.** Therefore there is a perception amongst some stakeholders that illicit drug treatment services are not appropriate for the management of prescription drug dependence, due to differences in the methods of drug withdrawal and the different psychological influences on developing dependence. However, across the UK there is very limited provision of specialised services for prescription drug dependence and no co-ordinated national strategy for the commissioning of these particular services.

### Specialised services

**57.** The petitioner and others have called for the introduction of specially designed services for prescribed drug dependence to be accessible across Wales. The BMA Cymru Wales also call for adequately resourced specialist support services for prescribed drug dependence in their submission to the Committee.

**58.** In the most recent correspondence received from the Cabinet Secretary for Health and Social Services he states that the seven Substance Misuse Area Planning Boards in Wales are responsible for commissioning and delivering services in their areas, including “supporting those who are dependent on a range of drugs”. The Cabinet Secretary told the Committee that these decisions are based upon identified needs within their areas.<sup>37</sup>

**59.** One such service which has been highlighted by the petitioner is Betsi Cadwaladr UHB’s Prescribed Medication Support Service (PMSS). In

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<sup>35</sup> [All-Party Parliamentary Group for Prescribed Drug Dependence to the Committee](#), 12 November 2018

<sup>36</sup> Shapiro, H. (2015), [Opioid painkiller dependency \(OPD\): An overview](#)

<sup>37</sup> [Cabinet Secretary for Health and Social Services to the Committee](#), 27 June 2018

correspondence to the Committee, Betsi Cadwaladr UHB explained that it arose out of concerns over addiction to benzodiazepines but has expanded to cover other prescribed medications including opiates.<sup>38</sup>

**60.** The service consists of prescribed medication therapists (nurses and counsellors) based within GP surgeries who work proactively with pharmacists and GPs to identify and contact particular client groups who may benefit from advice. The therapists carry out face-to-face “holistic assessments” of patients and produce recommended personal programmes, which may include tapering and withdrawal. These are followed up at monthly intervals and additional telephone support is also available.

**61.** The petitioner has called for this service to be replicated across Wales. She states:

“A service specifically targeted for patients with PDD is required because the promoted alternative is the Substance Misuse Services which treat PDD the same as street drug and alcohol withdrawal. A short withdrawal for patients with PDD is dangerous and potentially life-threatening.”<sup>39</sup>

**62.** A report on the PMSS (and 3 other services in the UK which provide support for patients with PDD) indicates that the majority of people supported by this service have been prescribed benzodiazepines (57.9%), whilst very small numbers take antidepressants (2%). The report suggests this may be explained by low levels of recognition of dependence for antidepressants resulting in fewer patients being offered a proactive review, though the original focus of the service on benzodiazepines may also be part of the cause of this. It concludes that this service represents:

“[...] a tangible example of an NHS service model delivering proactive support to people taking prescribed medications which, in combination with a reactive helpline providing the option of peer support, might add up to an a nationwide service which could meet the majority of patients’ needs.”<sup>40</sup>

**63.** The report identifies the cost of providing the service to be £179,000 per annum. This would appear to indicate that cost of providing equivalent services

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<sup>38</sup> [Betsi Cadwaladr University Health Board to the Committee](#), 8 February 2018

<sup>39</sup> [Petitioner to the Committee](#), 5 November 2018

<sup>40</sup> [All-Party Parliamentary Group for Prescribed Drug Dependence, An Analysis of Four Current UK Service Models for Prescribed Medication Withdrawal Support](#), October 2018

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across Wales would not be disproportionately expensive. For context, the total cost of delivering the overall substance misuse strategy in Wales is approximately £50m annually.

**64.** For their part, Betsi Cadwaladr UHB has stated that “In terms of sharing best practise across Health Boards in Wales the team would welcome the opportunity to promote a service that it is particularly proud of”.<sup>41</sup>

### Multi-disciplinary support

**65.** Correspondence from health boards referred to other services and support available to patients. A theme arising from this was the need for support to include different professional groups, including pharmacists, GPs and community mental health teams.

**66.** For example, a number of health boards highlighted the role that cluster-based pharmacists in primary care can have in medicines management, while others referred to work with the third sector to improve access to support, such as counselling services.

**67.** Cwm Taf UHB mentioned support available from pharmacists and community mental health practitioners, both to patients and those prescribing medications in primary and secondary care. This can include medication review clinics and a:

“[...] tailored support programme, which can include counselling services, [for] those patients who wish to stop or reduce the use of benzodiazepines or antidepressants.”<sup>42</sup>

**68.** Aneurin Bevan UHB described a “successful benzodiazepine withdrawal service” which has been established by a practice pharmacist, and that it recognised the need for these services and that discussions were taking place to develop further support from community pharmacy.<sup>43</sup>

**69.** The potential and value of support provided by pharmacists was emphasised by evidence received from the RPS Wales:

“Addiction to prescribed drugs and to some over the counter medication can be challenging for patients and for health professionals

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<sup>41</sup> [Betsi Cadwaladr University Health Board to the Committee](#), 8 February 2018

<sup>42</sup> [Cwm Taf University Health Board to the Committee](#), 22 February 2018

<sup>43</sup> [Aneurin Bevan University Health Board to the Committee](#), 18 March 2018

to address. A multidisciplinary approach should be taken to ensure patients receive the right support when withdrawing from medication that they, often inadvertently, have become reliant upon. RPS believes that the expertise and clinical knowledge of pharmacists must be better utilised to support people needing these medicines and help them to achieve the desired outcomes from their treatment.”<sup>44</sup>

**70.** Abertawe Bro Morgannwg UHB state that “a number of the GP clusters across the Health Board have invested a considerable proportion of their cluster funding to contract in low level advice and support”. Cwm Taf UHB say that the volume of prescribing of benzodiazepines and anti-depressants has decreased as access to low level (tier 0 and 1) advice and support services, such as stress management, mindfulness and other coping strategies have increased.<sup>45</sup>

**71.** It is clear, therefore, that a range of different service models have been developed by health boards in Wales. This is to be welcomed. It also suggests that there would be significant value in developing an approach to sharing learning on this subject, creating an equity of service across Wales and ensuring that all health boards are learning from best practice.

**72.** In their responses to the Committee several health boards state that they would welcome opportunities to learn from other organisations or work together to address the issues raised by the petition, including options for funding services for prescribed drug dependence and updating guidance or the national treatment framework.

## Telephone advice

**73.** The BMA Cymru Wales explain in their written response to the Committee that they have written to the Welsh Government (and other governments in the United Kingdom) to call for the establishment of a national, 24 hour helpline to support individuals affected by prescription drug dependence. They believe this would help patients who have become dependent or are suffering withdrawal symptoms.<sup>46</sup>

**74.** A declaration of support for this call for a helpline on a UK level was signed in March 2017 by the Royal College of Psychiatrists, the Royal College of GPs, the

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<sup>44</sup> [Royal Pharmaceutical Society Wales to the Committee](#), 13 March 2018

<sup>45</sup> [Cwm Taf University Health Board to the Committee](#), 22 February 2018

<sup>46</sup> [BMA Cymru Wales to the Committee](#), 6 February 2018

Royal College of Physicians, the Royal Society for Public Health, the Medical Schools Council and the British Psychological Society among others.

**75.** In response to a question on this subject, the Cabinet Secretary referred the Committee to the existing helpline for people experiencing substance misuse more generally:

“Our national drug and alcohol helpline, DAN 24/7, is equipped to provide advice, information and local points of contact for further support to anyone who feels they need further support and guidance. In addition, we are soon to launch a new harm reduction website in Wales. This website will have information on a wide range of subjects, of which this will be one.”<sup>47</sup>

## OUR VIEW

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**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.

**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.

**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.

**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.

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<sup>47</sup> [Cabinet Secretary for Health and Social Services to the Committee](#), 27 June 2018