

PE1651/E

Council for Evidence-based Psychiatry submission of 5 Jun 2017

About CEP:

CEP exists to communicate evidence of the potentially harmful effects of psychiatric drugs to the people and institutions in the UK that can make a difference. The scientific record clearly shows that psychiatric medications, portrayed as safe and effective by areas of the medical profession, often lead to worse outcomes for many patients, particularly when taken long term. Our members include: Dr James Davies, Professor Peter Gotzsche, Professor Peter Kinderman, Dr Joanna Moncrieff, Dr Sami Timimi and the Earl of Sandwich. More details on CEP can be found at cepuuk.org.

Key points:

- In the UK up to 10m people are taking benzodiazepines, sleeping pills, antidepressants or other psychiatric medications at any given time, and 10m people receive opiate painkiller prescriptions each year.
- Prescription numbers are rising generally, and in particular antidepressant prescribing has increased over 500% since 1992.
- Dependence can result in a variety of harms, including side effects and withdrawal effects. In addition, opiate dependency can result in overdose, which can be fatal.
- Side effects and withdrawal effects can be severe and last for months and sometimes years, leading to disability.
- Specialist support services are required to help and support patients with prescribed drug dependence, as existing drug and alcohol services are inappropriate.
- There is a lot of variability in terms of the response by doctors – including psychiatrists – to the issue of prescribed drug dependence and withdrawal, due to a lack of awareness and relevant training.
- There are no NHS services that provide such specialist support.
- There are however a small number of charities and support groups which provide specialist support services, but cover only a small fraction of the UK, and they report a significant increase in demand over recent years.
- Following the devolution of the NHS, these charities report difficulties obtaining funding, and two have closed down, leaving only one part-time national helpline with inadequate staffing.
- **It is therefore proposed that the government should fund a national helpline to provide support and advice to this group of patients, alongside a website which acts as a prescribed drug and withdrawal resource for both doctors and patients.**
- The helpline would include a range of services including information on prescribed drug dependence, slow tapering protocols, coping strategies,

support for carers and family members as well as liaison with primary care services.

- The helpline would have the following benefits:
 - It would help patients by providing appropriate support during withdrawal, help with symptom management and referrals to in-person local support groups;
 - It would be a relatively low cost yet effective national response to recognised gaps in local provision;
 - It would lead to a reduction in costs from reduced prescribing levels, and from a reduction of GP time taken up by affected patients;
 - It would be evidence of a commitment to meet the urgent needs of a prominent, and increasingly vocal, minority group;
 - It would provide an opportunity to put into practice the commitments made by a succession of health ministers as well as the 2013 Addiction to Medicines Consensus Statement.

Evidence of demand

Benzodiazepines and sleeping pills

There is evidence of demand for support for withdrawal effects for benzodiazepines and z-drugs (sleeping pills). There are roughly 16.5m¹ prescriptions for these drugs issued annually in England alone, with over 30% of prescriptions containing more than 29 units. This indicates a significant number of people are still being prescribed benzodiazepines for longer than 4 weeks, in contravention of BNF guidelines.² While there has been no systematic review of the prevalence of benzodiazepine prescribing, a poll by Panorama in 2001 of almost 2,000 people revealed that 3% of the adult population had been taking the drugs for more than four months³. Given that prescribing levels have remained steady over the past few years, this would have extrapolated to roughly 1.9 million long term users in the UK at the time. Recent research by academics at the University of Roehampton estimates that the current number of long-term benzodiazepine users in the UK is over 266,000. This estimate was projected from the analysis of data obtained by the Bridge Project (a charity operating in Bradford) for benzodiazepine withdrawal.

Antidepressants

There has been a significant increase in the prescribing of antidepressants over recent years. In 2015 in England alone over 61 million prescriptions were issued for antidepressants, a 6% increase on the previous year and over 500% increase since 1992.⁴ A recent report by the OECD confirms a dramatic increase in the prescribing

¹ Health and Social Care Information Centre, <http://www.hscic.gov.uk>

² MHRA Benzodiazepines Learning Module, <http://www.mhra.gov.uk/benzodiazepines-learning-module/index.htm>

³ BBC Panorama, The Tranquiliser Trap, 2001 (transcript: http://news.bbc.co.uk/1/hi/english/static/audio_video/programmes/panorama/transcripts/transcript_13_05_01.txt)

⁴ HSCIC data, 2015. See <http://content.digital.nhs.uk/catalogue/PUB20200> retrieved 22 Oct 2016

of antidepressants across the developed world, with estimates that as many as one in ten adults take these drugs regularly.⁵

The Health and Social Care Information Centre published its Health Survey for England in 2013, which showed that 11% of women and 6% of men are taking antidepressants.⁶ This would equate to 3.5m women and 1.9m men nationally, making 5.4m in total.

But despite the rising prescription rates and increasing numbers of long-term users, it is uncertain whether long-term use of antidepressants is safe or effective. Antidepressants were approved for public use on the basis of only short-term trials, and there is evidence that long-term use is worsening outcomes for patients.⁷ In addition, some withdrawal charities and support groups now report that more people are requesting support for antidepressants than for benzodiazepines. Ian Singleton of the Bristol and District Tranquilliser Project says: “Antidepressants seem to cause just as many problems as benzodiazepines... many of the symptoms are the same as benzodiazepine withdrawal... in many cases we have found that the symptoms of antidepressant withdrawal go on for even longer than benzodiazepine withdrawal.”

Opiate painkillers

In the UK, the use of opiate painkillers is widespread. In England, the prescription cost analysis carried out by the Health and Social Care Information Centre indicates that in 2013 over 21 million items were dispensed in the BNF category opioid analgesics, including over 14 million items containing tramadol.⁸ In addition, 18 million items containing codeine in combination with paracetamol, ibuprofen or similar drugs were dispensed on prescription. An NTA report highlighted an increase in the community prescribing of opioid analgesics from 228.3 million items in 1991 to 1,384.6 million items in 2009.⁹

Dependence on opioid medications is not documented routinely in UK clinical practice. Attempts to calculate rates of problematic opioid use more widely from the literature have suffered from imprecise and poorly defined terminology. However, the best estimates available from the published literature come from a recent systematic review that included data from 38 clinical studies. Rates of opioid medication misuse ranged from 21% to 29% and rates of addiction averaged between 8% and 12% for patients on chronic opioid therapy.¹⁰

⁵ See <http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf> retrieved 22 Feb 2014

⁶ Health and Social Care Information Centre, <http://www.hscic.gov.uk/catalogue/PUB16076/HSE2013-Ch5-pres-meds.pdf>

⁷ El-Mallakh S., 2011, Tardive dysphoria: The role of long term antidepressant use in inducing chronic depression, *Medical Hypotheses* 76 (2011) 769–773

⁸ Prescription cost analysis – England 2013 data table, Prescription Cost Analysis England 2013, Health and Social Care Information Centre

⁹ NTA *ibid.*

¹⁰ Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain* 2015;156:569-76.