

## **PE1651/O**

British Medical Association's submission of 24 July 2017

Thank you for your letter of 4 July seeking further information about the work that the British Medical Association has done to call for a prescription drugs helpline.

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.

In the absence of robust data, we do not know the true scale and extent of this problem across the UK. However, the evidence and insight presented to us by many charity and support groups shows that it is substantial.

In response to this problem, the BMA board of science undertook a [collaborative project](#) with a range of organisations including the medical royal colleges, professional groups, and patient organisations which culminated in a discussion event to identify policy asks that could be supported by all stakeholders.

This event led to four key policy calls:

- the UK government, working with 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;
- and better education and training for healthcare professionals.

To take this forward, the BMA wrote to the Department of Health and each of the devolved governments setting out the reasons why we believe that action on this is required. I have enclosed a copy of the letter the BMA sent to the Scottish Government in relation to this and a copy of the response received (see Appendix for further information).

We continue to raise this issue and our recommendations in discussions with the UK's governments and politicians.

## Appendix

### Letter from the British Medical Association to the Scottish Government (12 May 2016)

I am writing on behalf of a group of organisations that have been convened to discuss the issue of prescribed drugs associated with dependence and withdrawal. In March 2014 the BMA board of science sent out a call for evidence seeking information and views from a range of key stakeholders. Those contacted including professional and governing bodies, charities and support organisations. We received a good response from a wide range of the key stakeholders engaging including the Royal College of General Practitioners, Royal College of Psychiatrists, Royal College of Physicians and the Faculty of Pain Medicine of the Royal College of Anaesthetists.

Following this the board of science published an analysis report in October 2015 bringing together all of these views. Following the publication of this report, we invited all the stakeholders to a roundtable meeting in February 2016. The purpose of the meeting was to discuss what collaborative actions can be taken following the report. One of the agreed actions was that we would write to PHE (Public Health England), the NHS executive authority and the relevant health department in each of the devolved nations to set out the group's feelings that there should be a national helpline for prescribed drug dependence. We have liaised with the organisations represented on the group and collated a range of comments which form the basis of the content of this letter.

There is currently limited provision of services, particularly helplines for people seeking advice and support for addiction and withdrawal from prescribed drugs. The Bristol and District Tranquiliser Project currently run the only national helpline service for prescribed drugs, although due to funding and resourcing restraints this is limited to operating hours of 10am to 3.30pm, Monday to Thursday. REST also runs a helpline, which is restricted, because of geographic funding, to the London boroughs' of Camden and Islington. Previously CITAP (the Council for Information on Tranquilisers, Antidepressants and Painkillers) and Recovery Road also ran national helplines, although due to funding pressures these were closed down despite demand for the service.

The group feels strongly that a specific national helpline for prescribed drug dependence would be a much needed, valuable resource for patients. A helpline would be part of a wider range of measures that the group is calling for in order to provide the necessary support for patients. This includes commissioning clearer NICE guidance and increased provision of specialist services.

A national helpline for prescribed drugs associated with dependence and withdrawal would provide a similar service to the FRANK service. A specific, targeted helpline for prescribed drug dependence would provide information on drugs, symptoms, treatment and withdrawal, rights and advocacy information, signposting to local services, recommendations for alternatives and liaison with a healthcare professional where appropriate. It is important that patients have a good understanding of the services available to them, as patient care is often self-managed. For this reason

and for means of consistency, the group stressed that it would be important for a helpline to be supported by a website, providing one trusted source of information, as has proven to be successful with the FRANK helpline.

The group noted that as well as the benefits which a helpline can provide there are a number of other factors that need to be taken into consideration. Patient groups that have experience of running a national helpline have set out the importance of ensuring that staff have an in-depth up-to-date knowledge base. Volunteers and staff with relevant experience have an important role to play but this can be difficult as it can be detrimental to the recovery process. The group also appreciates that national helplines can be expensive to set-up and maintain.

While there are a number of factors to consider, the group strongly feels that there is a need for a dedicated national helpline for prescribed drugs. I would welcome your thoughts on how we can take this forward. Please let me know if the group can offer any further support. A copy of this letter is also being sent to the relevant Minister in England, Scotland, Wales and Northern Ireland as well as the individual with responsibility for commissioning services in the executive authority of each of the devolved nations.

#### **List of organisations involved in the prescribed drugs group**

- Addiction Dependency Solutions
- All Party Parliamentary Group for Prescribed Drug Dependence
- Battle Against Tranquilisers
- British Dental Association
- British Medical Association
- British Pharmacological Society
- British Psychological Society
- Council for Evidence-based Psychiatry
- Critical Psychiatry Network
- Faculty of Pan Medicine
- General Medical Council
- Medical Schools Council
- National Institute for Health and Care Excellence
- Opioid Painkiller Dependence Alliance
- Prescribing Observatory for Mental Health
- Public Health England
- Recovery and Renewal
- REST – Mind in Camden
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Physicians
- Royal College of Psychiatrists
- Royal Pharmaceutical Society
- The Bridge Project

**Letter from the Scottish Government to the British Medical Association (9 June 2016)**

Thank you for your letter of 12 May 2016 setting out the BMA advice following the review of the issue of involuntary addiction to prescription medicines , and the recommendation to provide a bespoke Prescribed Drugs Helpline.

The Scottish Government recognises that involuntary addiction to prescription medicines is an important health issue. Resource for services to help people with addictions is already allocated and so, while we understand the potential merit of a Helpline, we would have to shift resource from existing services to fund this.

Consideration of a Helpline could be assessed as a component of the approach as part of long term planning, but we are not in a position to make a commitment at this stage. What is more crucial in terms of patient care and safety, is that prescribing clinicians prescribe responsibly and regularly review patients, especially those treated with potentially addictive medicines.