# **APPG for Prescribed Drug Dependence**

Minutes of meeting: November 24<sup>th</sup> 2015, 4pm - 5.30pm

# **Room 14, House of Commons**

#### Chair:

Professor Lord Kamlesh Patel of Bradford OBE

#### Attendees:

The Lord Crisp Earl of Sandwich Baroness Masham of Ilton The Baroness Hollins The Lord Luce

### Also attending:

Dr Yasir Abbasi Psychiatrist, PAIN charity & Mersey Care NHS Trust

Nick Barton Action on Addiction
Marion Brown Recovery & Renewal

Emma Christie PHE (Public Health England)

Dr James Davies CEP (Council for Evidence-based Psychiatry)

Melanie Davis REST Project (Mind)

Vivienne Evans Adfam (Families, drugs and alcohol)

Dr Bryan Gill Medical Director, Bradford Teaching Hospitals NHS FT

Wendy Kane PAIN charity
Cathryn Kemp PAIN charity

Luke Montagu CEP

Jon Royle Bridge project

Harry Shapiro Drug information and policy analyst

Steve Taylor PHE

Beverley Thorpe Recovery & Renewal

Dr Alison Tierney CEP, coordinator for APPG for PDD

Margaret Turner Soteria Network

Tom Whiting Addiction Dependency Solutions

#### Apologies:

Paul Flynn MP

Debbie Abrahams MP Peter Bottomley MP

Baroness Finlay of Llandaff

The Baroness Goudie Andrew Gwynne MP

Jim Hume MSP

Caroline Lucas MP

**Baroness Thornton** 

Maggie Throup MP

David Tredinnick MP

Dr Philippa Whitford MSP

Dr Sarah Wollaston MP

## 1) Welcome and approval of minutes of previous meeting

Lord Patel welcomed members and guests to the meeting and introduced the agenda. The first item was approval of the minutes of the previous meeting on June 30<sup>th</sup>. No amendments were requested and the minutes were approved.

### 2) Presentation by Public Health England

Steve Taylor and Emma Christie, who run PHE's Alcohol and Drugs Programme, gave a presentation about data on prescribing patterns, research in progress and three PDD pilots currently being developed. They explained that there is very little data on the prevalence of PDD but that there is recognition of an increase in need on this issue, especially with opioid painkiller dependence.

Steve and Emma talked of a research project about PDD which is underway using GP patient data from the CPRD (Clinical Practice Research Datalink). The final report is due in summer 2016. The key points of the research are as follows:

- Commissioned by DH, being undertaken by the London School of Hygiene and Tropical Medicine's public health research consortium. The project is due to be completed in the summer of 2016 but any publications arising may take a little longer.
- The purpose of the research project is to explore patterns of prescribing for medicines with risk of dependence. More specifically, the research will attempt to evidence the following research questions:
  - How many individuals in the primary care sector are prescribed medicines with risk of dependence? What are the demographic characteristics of those who are given these prescriptions?
  - Why are medicines with risk of dependence prescribed? Including for what conditions, in what doses and for what durations?
  - Do GPs prescribe medicines with risk of dependence according to official guidelines (i.e. to address the recommended conditions, adhering to the posology and duration suggested)?
  - What are the reasons for departing from the guidelines? What are the demographics of individuals who receive non-recommended prescriptions (i.e. receiving prescriptions for higher doses or for longer time periods than recommended)?

The three PDD pilots are in Doncaster (focusing on tramodol and gabapentin), Barking & Dagenham (opioid painkillers and benzodiazepines) and South Gloucestershire (opioid painkillers).

The presentation was followed by a wide-ranging discussion, including the following themes:

prescribing data and how it can be interpreted

- good practice in withdrawal support services
- models of best practice are to be found in the voluntary sector
- the importance of learning from the patient / service user perspective
- the experience of other countries who often look to the UK as the vanguard
- whether or not generic drug detox services are appropriate for PDD sufferers
- a commitment to collaborative working between the APPG and PHE

# 3) Proposal for a a national helpline for PDD

The discussion about the proposal for a national helpline for PDD was led by Jon Royle from the Bridge Project in Bradford, and Harry Shapiro, drug information and policy analyst, both of whom have experience and knowledge of possible models from other helplines. A briefing note about the proposed national helpline had been circulated to all participants prior to the meeting. Professor Baroness Hollins commented that the briefing note presents a well argued case for the helpline.

The discussion amongst all participants revolved around whether a helpline should be run by an existing charity with relevant experience (e.g. the REST project at Mind in Camden) or by government. There were questions from Margaret Turner (Soteria Network) about whether the helpline would cater for all dependency-causing medication, including antipsychotics which had so far not been explicitly referred to. Dr Yasir Abassi responded to this question by saying that he thought the helpline should include any medication which people are concerned about.

Harry suggested that a helpline pilot project might be feasible. This would still be a national helpline but would run for only 12 – 18 months rather than being, for example, a five year contract. This pilot project might be more achievable because it would be less expensive, and would be a good vehicle for identifying need.

The discussion concluded with an agreement that the APPG for PDD will produce a scoping document for the national helpline in order to take this proposal to the next level. Lord Patel suggested several parliamentarians write a letter to the public health minister, Jane Ellison MP, with the key points of the helpline proposal. It was also suggested that the Royal Colleges could be approached to ask them to be joint signatories of the letter.

#### 4) British Medical Association report on PDD

Professor Baroness Hollins, chair of the Board of Science of the British Medical Association, spoke about the recent BMA report on PDD, 'Prescribed drugs associated with dependence and withdrawal – building a consensus for action' published in October.

George Roycroft, committee secretary of the Board of Science, sent his apologies to the meeting, and also his thanks to Luke Montagu in particular for his helpful involvement coordinating feedback on the BMA report.

There will be a stakeholder meeting early in 2016 to discuss next steps with the report. Baroness Hollins referred to the BMA's role as helping to achieve a consensus on the way forward, and that the aim of the report was to engage as many stakeholders as possible. The date for the stakeholder meeting has not yet been decided but the APPG for PDD will be notified of it in due course. Baroness Hollins' tenure as the Board of Science chair will end in June 2016 so her involvement with this project will end at that time, though she herself is very committed to this issue.

Baroness Hollins commented that the researchers who compiled the report found it a difficult project. Some of the stakeholders adopted an aggressive tone, attacking the researchers as if they were to blame for the problem of PDD.

Lord Patel talked about the response from the APPG for PDD to the BMA. He invited meeting participants to submit any comments they have on the draft letter which was circulated prior to the meeting. The letter will be signed by Lord Patel and Paul Flynn MP as co-chairs of the APPG for PDD.

Lord Patel emphasised that the APPG and the BMA are allied in their desire to address the problem of PDD.

# 5) AOB

Lord Patel invited Harry Shapiro to talk briefly about his paper on opioid painkiller dependence (OPD). Copies of the paper were available for all participants. Harry referred to the CEP briefing note about PDD which was produced in March 2015. He said that his paper on OPD is intended as complimentary to the CEP briefing note, as it covers similar material but specifically relating to OPD.

There being no other business the meeting closed.