

BRIEFING NOTE: APPG for PRESCRIBED DRUG DEPENDENCE

29 June 2015

The Harmful Effects of Overprescribing Benzodiazepines, Antidepressants and other Psychiatric Medications

Key points:

- In 2013 in England alone there were over 80m prescriptions of psychiatric drugs in the community.
- This includes 16.5m prescriptions of benzodiazepines & sleeping pills, with a significant number prescribed for longer than four weeks, the maximum indicated by the BNF.
- Research suggests that long-term benzodiazepine use can cause brain shrinkage and is associated with an increased risk of Alzheimer's disease.
- Withdrawal support charities report that a large number of patients suffer debilitating symptoms for years following withdrawal from benzodiazepines and z-drugs, while some are left with symptoms which may persist indefinitely.
- Over 53m prescriptions were issued in the community for antidepressants, a 6% increase on the previous year, a 92% increase since 2003 and a 500% increase since 1992.
- The Health Survey for England in 2013 showed that 11% of women and 6% of men are taking antidepressants.
- The prevalence of depression has not risen since 2003; however prescription numbers are increasing because more patients are taking antidepressants for longer.
- Withdrawal support charities report that antidepressant withdrawal can be just as debilitating as benzodiazepine withdrawal, with symptoms often lasting for years.
- Current NICE guidelines encourage the use of antidepressants beyond 6 months in many cases, despite an absence of research supporting their safe, long-term use.
- Community prescriptions for stimulants (mostly used to treat childhood ADHD) have increased from 458k in England in 2004 to 1.1m in 2013.
- Community prescriptions for antipsychotics have increased from under 5m in England in 1998 to 8.4m in 2013.
- However recent research shows that individuals who have taken antipsychotics long-term were significantly more likely to display psychotic activity than those who remained medication free.
- Despite the dramatic increase in prescriptions for psychiatric drugs, there has been a 38% rise in the number of disability benefit claimants with mental and behavioural disorders in England, Scotland and Wales between 2000 and 2013.
- Feedback from a recent CEP survey and withdrawal charities suggests that doctors often deny that the drugs have caused harm, and are unable to provide appropriate support.
- There are only a handful of withdrawal support charities, covering a small fraction of the country.

The issue:

In 2013 there were over 80m prescriptions of psychiatric drugs in England alone. Almost 10m people in the UK - around 15% of the population - are taking benzodiazepines (tranquilisers), antidepressants or other psychiatric medications at any given time. However, many people are unaware that long-term use can cause dependence and neurological / metabolic damage, leading to severe and debilitating symptoms that can last for months and sometimes years following withdrawal.

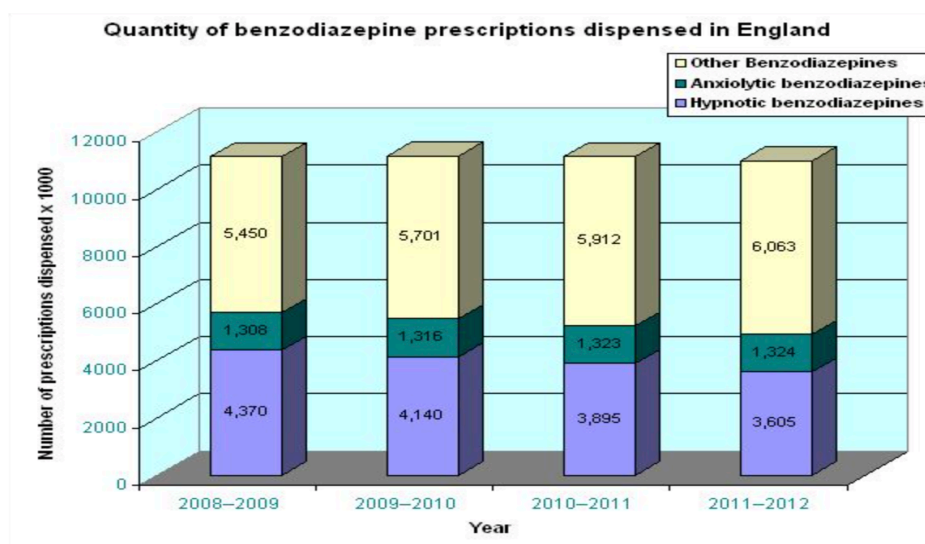
Withdrawal support charities report increasing numbers of people who are having great difficulty withdrawing from these drugs, and whose drug-related symptoms are often misdiagnosed as a new disorder, for which additional drugs are sometimes prescribed.

There are almost no NHS-funded services supporting these sufferers.

The evidence:

Benzodiazepines and z-drugs

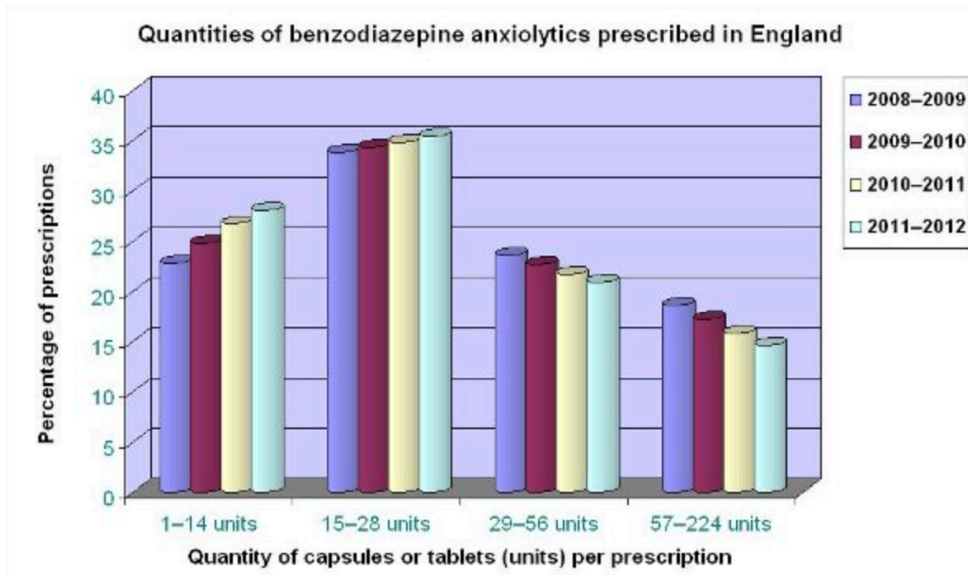
- Benzodiazepines and z-drugs (used mostly for anxiety and as sleeping pills) are still prescribed on a large scale, often for longer than the BNF (British National Formulary) recommended maximum of 4 weeks.
- Community prescribing (i.e. outside of a hospital) of benzodiazepines and z-drugs has remained fairly constant over the past few years, with 16.2m prescription items in 2005 and 16.5m in 2013 in England alone.¹
- The following table shows benzodiazepine prescribing rates from 2008-2012 in England alone.²



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

² Health and Social Care Information Centre, <http://www.hscic.gov.uk>

- However the following chart shows that over 30% of community benzodiazepine prescriptions contain over 29 units, suggesting that a significant number of people are still being prescribed benzodiazepines for longer than 4 weeks, in contravention of BNF guidelines.³



- Informal estimates have suggested over one million long-term users of benzodiazepines in the UK. However there is no research that confirms this number, nor the number of long-term users who are suffering harmful side effects or withdrawal symptoms.
- There is concern that benzodiazepines can cause neurological damage. The Medical Research Council agreed to recommendations in 1982 that studies should be carried out to examine long-term problems associated with benzodiazepines, following research by Prof Malcolm Lader showing brain shrinkage in some patients. No such studies were carried out, though it confirmed in 2010 that it is still 'receptive to funding in this area'.⁴
- In addition, a 2014 Harvard study in the British Medical Journal showed that benzodiazepine use is associated with an increased risk of Alzheimer's disease, concluding that 'unwarranted long term use of these drugs should be considered as a public health concern'.⁵
- Withdrawal support charities report a large number of patients taking years to recover following withdrawal from benzodiazepines and z-drugs, while some are left with symptoms which may persist indefinitely.
- Professor Ashton, a leading benzodiazepine expert and researcher, uses the term 'protracted withdrawal syndrome' to describe patients who continue to experience symptoms long after withdrawal. She states that, 'it remains possible that some protracted benzodiazepine withdrawal symptoms (including tinnitus and other

³ MHRA Benzodiazepines Learning Module, <http://www.mhra.gov.uk/benzodiazepines-learning-module/index.htm>

⁴ The Independent on Sunday, 7 Nov 2010, <http://www.independent.co.uk/life-style/health-and-families/health-news/drugs-linked-to-brain-damage-30-years-ago-2127504.html>

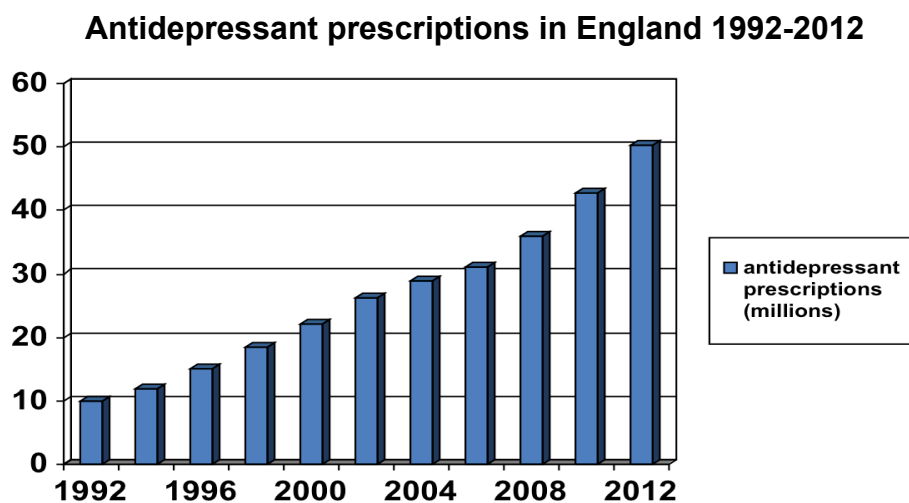
⁵ BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g5205> (Published 09 September 2014)

neurological and psychological symptoms) could result from physicochemical neuronal damage'.⁶

- Professor Ashton estimates that 10% to 15% of long-term users of benzodiazepines develop a protracted withdrawal syndrome.⁷

Antidepressants

- Withdrawal support groups & charities report increasing numbers of patients experiencing problems withdrawing from antidepressants. This group now comprises at least 50% of users who get in touch with some of these charities.
- In 2013 in England alone over 53m prescriptions were issued in the community for antidepressants, a 6% increase on the previous year, a 92% increase since 2003 and a 500% increase since 1992.⁸



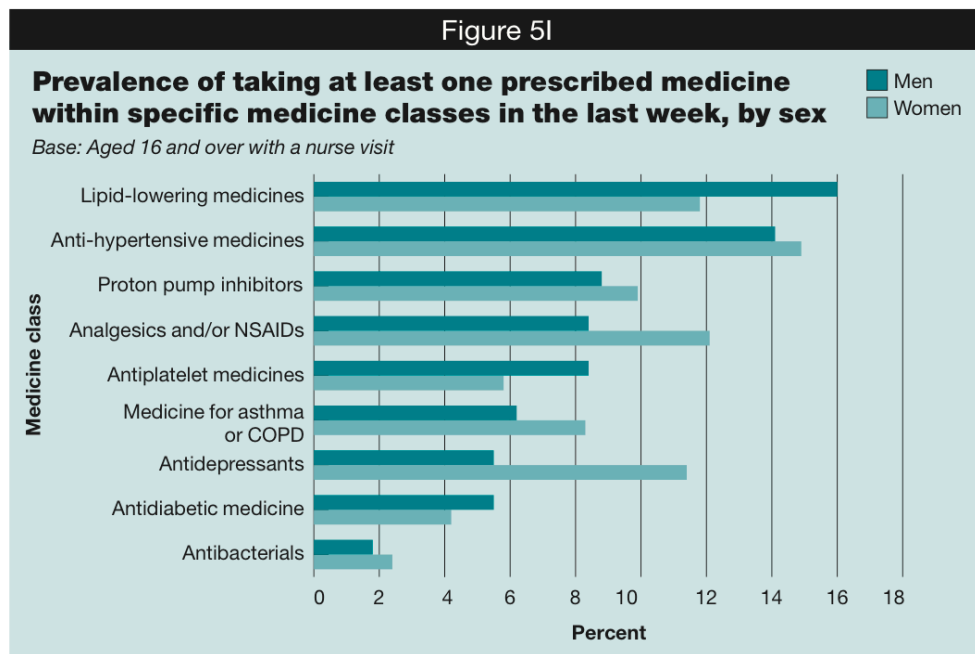
- The Health and Social Care Information Centre published its Health Survey for England in 2013, which showed that 11% of women and 6% of men are taking antidepressants; see chart below.⁹

⁶ Ashton H., 1991, Protracted Withdrawal Syndromes from Benzodiazepines, *Journal of Substance Abuse Treatment* Vol. 8 pp. 19-28

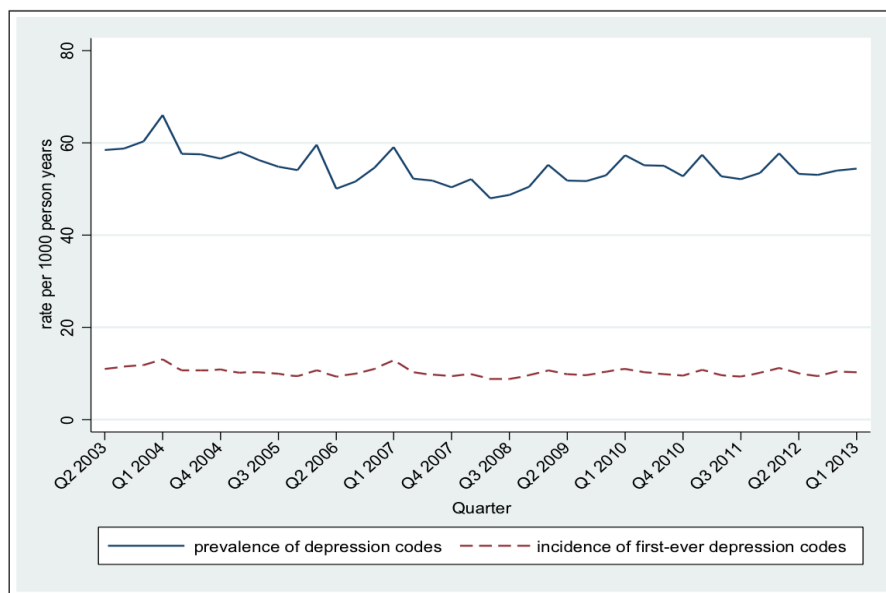
⁷ Ashton H. Protracted withdrawal syndromes from benzodiazepines. *J Subst Abuse Treat* 1991;8(1-2):19-28.

⁸ Health and Social Care Information Centre, <http://www.hscic.gov.uk>

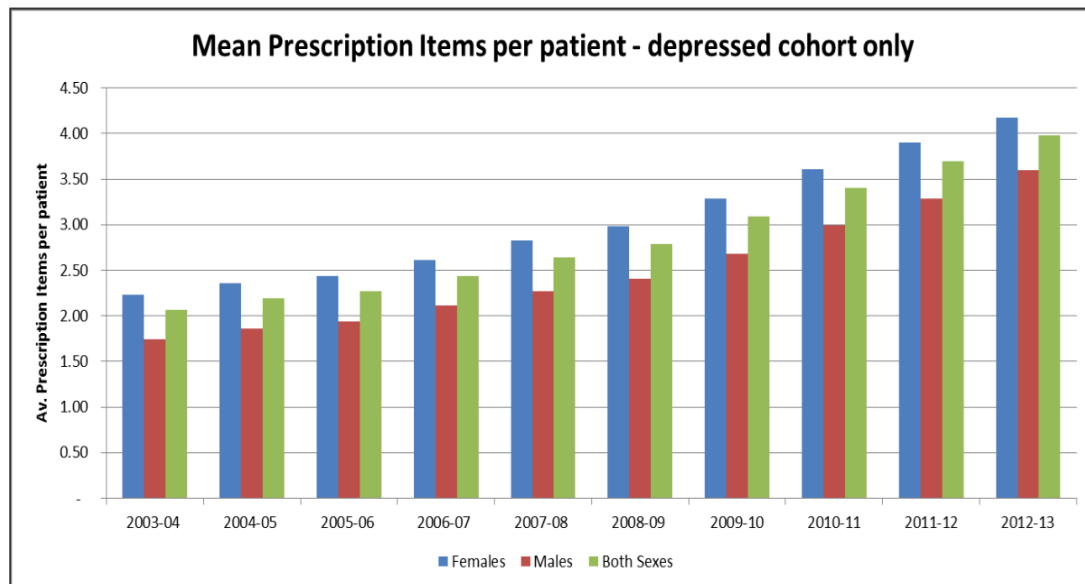
⁹ Health and Social Care Information Centre, <http://www.hscic.gov.uk/catalogue/PUB16076/HSE2013-Ch5-pres-meds.pdf>



- The next two charts show that – while the prevalence of depression has not risen since 2003 – prescription numbers are increasing because more patients are taking antidepressants for longer.¹⁰



¹⁰ Tony Kendrick, Beth Stuart, Colin Newell, Adam WA Geraghty, and Mike Moore. *How has the management of depression changed in the last 10 years?* Poster presentation, North American Primary Care Research Group Annual Scientific Meeting, New York, USA, 22nd November 2014. Funded by the NIHR School for Primary Care Research



- Based on reports from withdrawal support charities, it is likely that more people are taking antidepressants for longer because they have become dependent and find it difficult to stop without suffering severe withdrawal symptoms.
- 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.
- Furthermore, despite this uncertainty, current NICE guidelines encourage their use beyond 6 months if the patient believes s/he has benefited, and for more than two years if there is considered to be a risk of relapse.¹¹ These guidelines therefore actively encourage long-term use, despite inadequate safety and effectiveness data.
- According to Ian Singleton of the Bristol Tranquilliser Project (a withdrawal support charity): '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.'¹²
- The evidence suggests that many people who are taking antidepressants are likely to continue to do so indefinitely into the future, which contributes to a substantial financial cost to the NHS (£282m in England in 2013)¹³.

¹¹ Depression in Adults, NICE Clinical Guidelines (CG90), 2009, <http://www.nice.org.uk/guidance/cg90/resources/guidance-depression-in-adults-pdf>

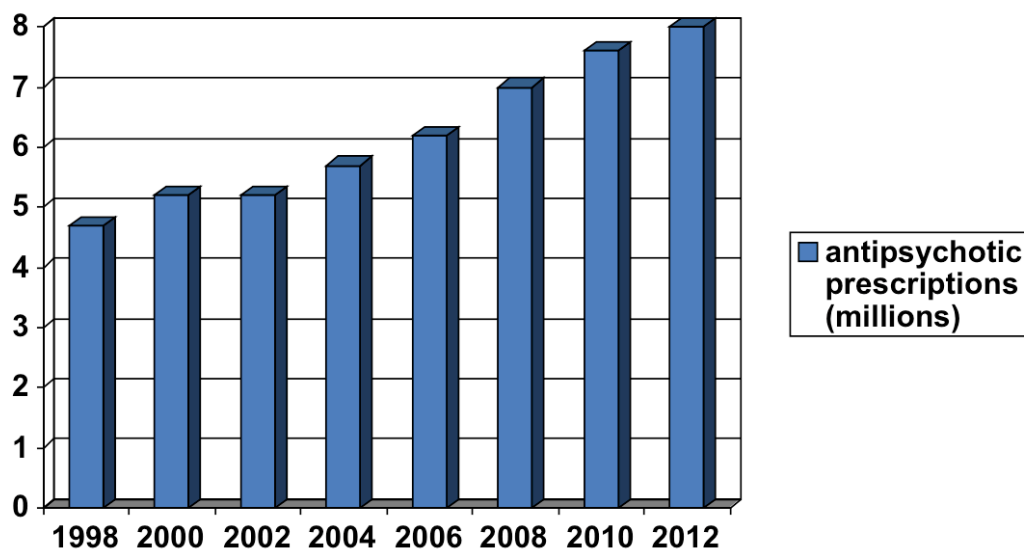
¹² video on CEP website, <http://cepuk.org>

¹³ Health and Social Care Information Centre, <http://www.hscic.gov.uk>

Other psychiatric (and psychoactive) drugs

- All classes of psychiatric drugs – as well as painkillers and sleeping pills – are associated with potential harms and withdrawal effects, especially following long-term use.
- Community prescriptions for stimulants (mostly used to treat childhood ADHD) have increased from 458k in England in 2004 to 1.1m in 2013.¹⁴
- Community prescriptions for antipsychotics have increased from under 5m in England in 1998 to 8.4m in 2013.¹⁵

Antipsychotic prescriptions in England 1998-2012



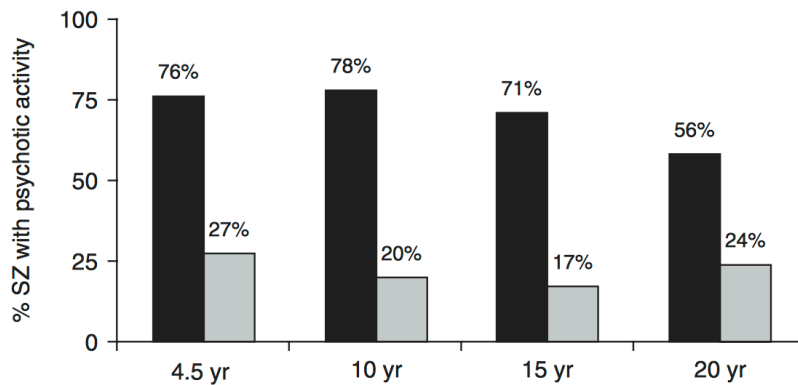
- In 2014 the results were published from a 20 year study which showed that – at each follow up assessment – individuals who had taken antipsychotics were significantly more likely to display psychotic activity than those who remained medication free (see chart below)¹⁶.

¹⁴ Health and Social Care Information Centre, <http://www.hscic.gov.uk>

¹⁵ Health and Social Care Information Centre, <http://www.hscic.gov.uk>

¹⁶ Harrow M, Jobe TH, Faull RN, *Does treatment of schizophrenia with antipsychotic medications eliminate or reduce psychosis? A 20-year multi-follow-up study*, Psychol Med. 2014 Oct;44(14):3007-16

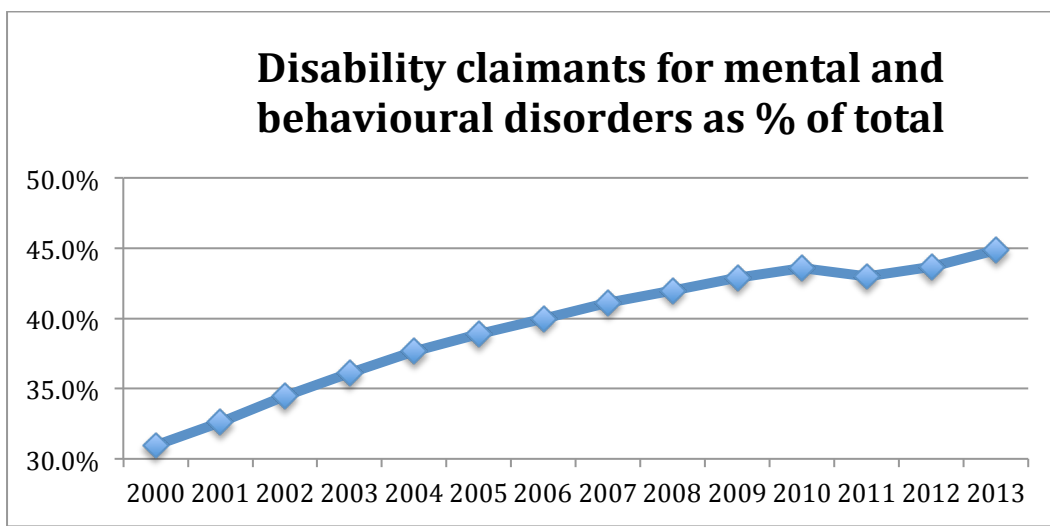
Comparisons of psychosis in medicated and unmedicated schizophrenia patients (black = medicated, shaded = unmedicated)



- Another recent Dutch study also supports this finding. These results raise important questions about whether long-term antipsychotic treatment is leading to worse outcomes for patients.

Disability data

- Despite the dramatic increase in prescriptions for psychiatric drugs, data from the Department for Work and Pensions shows a 38% rise in the number of disability benefit claimants with mental and behavioural disorders in England, Scotland and Wales between 2000 and 2013. The total number of claimants has remained steady at about 2.3 million; however the number with mental and behavioural disorders has risen from 745,000 to over one million during this period.¹⁷
- While there has been a 24% drop in claimants for physical health conditions the data indicates that the current paradigm of psychiatric care, which centres on drug treatments, isn't enabling people to get back to work.



¹⁷ Retrieved 26 March 2014 from Department for Work and Pensions database using Tabtool system (combining ESA and Incapacity Benefit numbers from Aug 2013 and Aug 2000): <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html>

CEP online survey

In 2014 CEP conducted an online survey of people affected by prescribed drug harm as part of an evidence submission to the BMA. There were 75 UK respondents who provided the following data:

- 72% said that their doctor gave them no information about potential drug risks and side effects
- 40% were told that they have a 'chemical imbalance' (despite no evidence that such imbalances exist)
- 91% reported severe or extreme negative effects during or after withdrawal
- 45% reported withdrawal symptoms lasting over two years, with 17% lasting more than five years
- 61% reported that their doctors denied that the negative effects were caused by the drugs
- 71% reported that the doctor provided no support or said there was nothing s/he could do
- 32% were told by their doctors to withdraw rapidly or cold turkey (contrary to most guidelines)

Withdrawal charities

- There are less than ten charities / groups which provide support to individuals trying to withdraw from benzodiazepines in the UK, covering a small fraction of the UK.
- These are currently located in Belfast, Bradford, Bristol, Camden, Cardiff, Liverpool, Manchester, North Wales and Oldham.
- One of these, CITAp (based in Liverpool) is in the process of closing down due to the withdrawal of funding following the devolution of the NHS.
- Only three of these provide support for individuals withdrawing from antidepressants, and none specialise in withdrawal other psychiatric drugs.

Our proposal:

CEP proposes an APPG for Prescribed Drug Dependence. The APPG will address the growing problem of dependency on / addiction to prescribed medication. Increasing numbers of prescriptions for addictive, psychoactive drugs are being given to both adults and children, including benzodiazepines, antidepressants, antipsychotics, stimulants and painkillers. While these drugs may help some people in the short term, there is growing evidence that long-term use leads to worse outcomes, and many patients report devastating persistent withdrawal and other negative effects. The APPG will engage with this issue by demanding appropriate services for those affected, proper training for medical professionals, reduced prescribing through adherence to new and existing guidelines, better data regarding the prevalence of PDD and more research into long-term harms associated with PDD.

Mission statement

“The APPG will recognise, address and reduce the harm caused by prescribed drug dependence”

Objectives

- 1) To raise awareness of PDD by communicating the latest evidence to policymakers
- 2) To ensure that the evidence is supported by appropriate research and analysis, including into long-term harm
- 3) To ensure appropriate withdrawal and support services are provided for those affected by PDD
- 4) To improve training and awareness of PDD among medical professionals
- 5) To reduce prescribing by ensuring adherence to existing guidelines, and through the creation of new guidelines where needed