

# All-Party Parliamentary Group for Prescribed Drug Dependence

## Meeting Minutes 12th September 2017

### Officers:

Paul Flynn MP Lord Patel of Bradford Baroness Masham of Ilton	APPG Chair Co-chair Co-chair	Oliver Letwin MP Earl of Sandwich	Co-chair Co-chair
Countess of Sandwich	Secretariat	Luke Montagu	Secretariat
James Davies		Harry Shapiro	Secretariat

James DaviesSeAnne GuySeLaurence RussellPoGeorge RoycroftHe

Luke Montagu Secretaria Secretariat Harry Shapiro Secretaria Secretariat (co-ordinator) Policy Advice & Support Officer, BMA Head of Science and Public Health Policy, BMA

### **Guest speakers**

Baylissa Frederick	Counsellor
Javiera Cartagena Farias	NatCen
Neil Smith	NatCen
Rosanna O'Connor	Director Alcohol, Drugs & Tobacco, PHE
Steve Taylor	Alcohol, Drugs & Tobacco, PHE

## Apologies

Thangam Debbonaire MP Roger Godsiff MP

ltem	Description	Who	By When
1	The minutes of the previous meeting held on 15 <sup>th</sup>		
	March 2017 were approved.		
2	Re-election of Officers		
	The officers (listed above) were re-elected for the		
	group for the current parliament and the form for		
	the re-registration of the group will be submitted by		
	the required deadline of 15 <sup>th</sup> September.	PF (AG)	15/09/17
3	Group Progress Review		
	Key activities of the group were discussed as		
	noted in the memo circulated prior to the meeting		
	(see Appendix 1). OL confirmed a productive		
	meeting had been held with Duncan Selbie, CE of		
	PHE and that the group is now awaiting a		
	response from him.		
4	Summary of the case for a helpline		
	4.1 BF presented a summary of her experiences		

<ul> <li>both personally and as a counsellor supporting people struggling with issues of prescribed drug dependence, re-iterating that the small local helplines that are available are inundated by those in need. Baylissa herself receives a high volume of contacts from those in withdrawal unable to find support elsewhere.</li> <li>4.2 LM and JD gave a presentation that outlined the case for a national prescribed drug helpline (see Appendix 2 for slides).</li> <li>It was recognised cost estimates for unnecessary prescriptions of £140.2M do not include costs of unnecessary diagnostics undertaken when withdrawal is not recognised (e.g. MBI scans) –</li> </ul>		
		the e
	JD/LM	tbc
<ul> <li>The following points emerged from discussions during and after the presentation:</li> <li>The CPRD dataset for the research represents 12% of GP practices (750 voluntarily uploaded their data and there were 9458 GP practices in 2015 (Source: Health &amp; Social Care Information Centre Report July 2016))</li> <li>OL noted that results for GPs in the NE seemed significantly different (as the region least likely to prescribe dependence forming medicines (DFM) over 30 days) and wondered if the reason(s) for this could be discovered to evaluate if there were lessons for other areas. Does the NE data also show a decrease at the 3.5 month threshold? It was agreed that NatCen reps would meet with APPG reps to progress this and other questions.</li> <li>It was noted that with DFM prescribing up by 50% this now represents 9% of the CPRD population. When those being prescribed around 15% of the population is being prescribed drugs with withdrawal effects.</li> <li>It was noted that overall the proportion of people dependent on benzodiazepines and the</li> </ul>	AG/NS	Booked for 3rd Oct 17
number of people taking them for longer than 3.5 months has worsened since 2005. A copy of the full report can be found here.		
	<ul> <li>people struggling with issues of prescribed drug dependence, re-iterating that the small local helplines that are available are inundated by those in need. Baylissa herself receives a high volume of contacts from those in withdrawal unable to find support elsewhere.</li> <li>4.2 LM and JD gave a presentation that outlined the case for a national prescribed drug helpline (see Appendix 2 for slides).</li> <li>It was recognised cost estimates for unnecessary prescriptions of £140.2M do not include costs of unnecessary diagnostics undertaken when withdrawal is not recognised (e.g. MRI scans) – JD/LM to look into possibility of estimating.</li> <li>NatCen Presentation of Findings – Prescribing Patterns in Dependence Forming Medicines</li> <li>The following points emerged from discussions during and after the presentation:</li> <li>The CPRD dataset for the research represents 12% of GP practices (750 voluntarily uploaded their data and there were 9458 GP practices in 2015 (Source: Health &amp; Social Care Information Centre Report July 2016))</li> <li>OL noted that results for GPs in the NE seemed significantly different (as the region least likely to prescribe dependence forming medicines (DFM) over 30 days) and wondered if the reason(s) for this could be discovered to evaluate if there were lessons for other areas. Does the NE data also show a decrease at the 3.5 month threshold? It was agreed that NatCen reps would meet with APPG reps to progress this and other questions.</li> <li>It was noted that with DFM prescribing up by 50% this now represents 9% of the CPRD population. When those being prescribed psychiatric drugs are added, figures indicate around 15% of the population is being prescribed drugs with withdrawal effects.</li> <li>It was noted that overall the proportion of people dependent on benzodiazepines and the number of people taking them for longer than</li> </ul>	<ul> <li>people struggling with issues of prescribed drug dependence, re-iterating that the small local helplines that are available are inundated by those in need. Baylissa herself receives a high volume of contacts from those in withdrawal unable to find support elsewhere.</li> <li>4.2 LM and JD gave a presentation that outlined the case for a national prescribed drug helpline (see Appendix 2 for slides).</li> <li>It was recognised cost estimates for unnecessary prescriptions of £140.2M do not include costs of unnecessary diagnostics undertaken when withdrawal is not recognised (e.g. MRI scans) – JD/LM to look into possibility of estimating.</li> <li>NatCen Presentation of Findings – Prescribing Patterns in Dependence Forming Medicines The following points emerged from discussions during and after the presentation:</li> <li>The CPRD dataset for the research represents 12% of GP practices (750 voluntarily uploaded their data and there were 9458 GP practices in 2015 (Source: Health &amp; Social Care Information Centre Report July 2016))</li> <li>OL noted that results for GPs in the NE seemed significantly different (as the region least likely to prescribe dependence forming medicines (DFM) over 30 days) and wondered if the reason(s) for this could be discovered to evaluate if there were lessons for other areas. Does the NE data also show a decrease at the 3.5 month threshold? It was agreed that NatCen reps would meet with APPG reps to progress this and other questions.</li> <li>It was noted that with DFM prescribing up by 50% this now represents 9% of the CPRD population. When those being prescribed psychiatric drugs are added, figures indicate around 15% of the population is being prescribed drugs with withdrawal effects.</li> <li>It was noted that overall the proportion of people dependent on benzodiazepines and the number of people taking them for longer than 3.5 months has worsened since 2005.</li> </ul>

6	Public Health England (PHE) Update
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	Steve Taylor updated the meeting as follows:
	BMA met DH and PHE in June (see below)
	National helpline – DH agreed it would try to
	commission further research to evidence the
	need
	Guidance on withdrawal – PHE asked NICE to
	consider adding safe prescribing and
	withdrawal for benzos and other medicines to
	its topic list.
	NHS Sustainability and Transformation Plans
	Whilst addiction to medicines was included as
	an option in the "menu of preventative
	interventions" for NHS footprint areas to
	consider in its plans for future health and care
	services it has had no take up.
	Drug Strategy 2017 - Published in July refers to
	addiction to medicine and the need for
	appropriate treatment
	Updated clinical guidelines on treatment of drug
	dependence also published July 2017.
	Advisory Council on the Misuse of Drugs
	(ACMD) report on diversion and illicit supply of
	medicines - government welcomed the report
	and committed to the development of "tailored
	treatment for those who misuse or have
	become dependent on prescription or over-the-
	counter medicines".
7	Update from BMA
-	GR reporting on the following:
	<ul> <li>BMA representatives met with RoC and Tim</li> </ul>
	Baxter from DH when it was suggested further
	work was needed to demonstrate the need &
	business case.
	The BMA has now investigated current NHS
	services and established NHS 111 & Choices
	services are not sophisticated enough tools to
	meet this specific need. This has been fed back
	to NHS England but not response yet received.
	They are still pursuing a HS committee inquiry
	and are happy to share their letter again if
	useful for PHE.

# Appendix 1

#### MEMO

Date:	12 September 2017
To:	APPG members and officers, other invitees
From:	APPG Secretariat
Re:	Group update

#### **Campaign for a National Helpline**

Since our last meeting in March, despite the inevitable hiatus in activity necessitated by the general election, the group has continued lobbying for a national helpline (and an associated website) to support those affected by dependence on prescribed drugs, especially benzodiazepines, antidepressants and opioid painkillers.

To that end the group has continued to work alongside the BMA building on the roundtable meetings held in 2016. A declaration of support for the helpline was published in April signed by numerous medical bodies and charities, including the BMA, the Royal College of Psychiatrists, the Royal College of GPs, the Royal College of Physicians, the Royal Society for Public Health, the Medical Schools Council and the British Psychological Society.

Work has also been undertaken to provide harder evidence of both the number of patients impacted by prescribed drug dependence and the need for a dedicated helpline. Specifically, <u>research</u> into the numbers of long-term users of benzodiazepines and Z drugs was published in the British Journal of General Practice in July, concluding that:

"More than a quarter of a million people in the UK are likely to be taking highly dependency-forming hypnotic medication far beyond the recommended time scales".

In August the Council for Evidence-based Psychiatry (in collaboration with the University of Roehampton and with the support of Baylissa Frederick of Recovery Road) launched a survey to gather data on the experiences and provision needs of those who are suffering, or have suffered, from prescribed drug dependence. Initial findings from this survey will be discussed today.

Finally, a meeting with Duncan Selbie, Chief Executive of PHE, took place on September 7<sup>th</sup> and was attended by Oliver Letwin, Luke Montagu and James Davies.

#### **Creation of Guidance for Psychological Therapists**

Whilst the main focus of the group remains the helpline, work has continued with therapy organisations with the aim of creating guidance for therapists working with people dependent on or withdrawing from prescribed drugs.

Kamlesh Patel hosted a second meeting of a Steering Group in June, which was attended by representatives from the United Kingdom Council for Psychotherapy (UKCP), the British Association of Counselling and Psychotherapy (BACP), the British Psychological Society (BPS) and the National Survivor User Network (NSUN) who together represent over 70,000 psychological therapists.

It was agreed that rather than being co-created by all the organisations (which would necessitate compliance with multiple sign-off processes), the guidance will be 'authored' by the APPG, which the organisations will have contributed to and have committed to publicise to their members. Work will now go into recruiting appropriate volunteers to help create the guidance.

#### **Summary of Media Activity**

The group has continued to achieve significant media coverage for both issues associated with prescribed drug dependence in general and the national helpline campaign.

Prescribed drug dependence and the call for a helpline have also been covered widely in other news media this year, including BBC Radio 5 Live, BBC Victoria Derbyshire, the Today programme, Newsnight, The Guardian, The Telegraph and The Times.

#### Appendix 2

The case for a helpline (see powerpoint as a separate attachment).