



Public Health
England

Protecting and improving the nation's health

Prescribed medicines that may cause dependence or withdrawal: a review of the evidence

Background to the review

- Oct 2017, PHE commissioned by Minister for Public Health & Primary Care to undertake review
- Previous to this, DH/NTA/PHE programmes of work to research issue and improve education, labelling, commissioning, etc
- Most recently DH commissioned NatCen to research prescribing patterns in dependence forming medicines
- Guidance already exists, including NICE guidelines (antidepressants being updated) and Clinical Knowledge Summaries, British National Formulary, drug dependence clinical guidelines, earlier CSM/CMO
- Dependence on prescribed drugs is included in Drug Strategy 2017.
- Since the commission PHE has been engaging government stakeholders; scoping the data and information governance issues; and developing the methodology.

Aim

- To deliver a broad, public-health focused review of commonly prescribed medicines, authorised for adults who have non-cancer pain, anxiety, insomnia or depression. The review will bring together the best available evidence on:
 - prevalence and prescribing
 - the nature and likely causes of dependence or withdrawal among some people who continue to take these medicines
 - effective prevention and treatment responses for each indication

Scope

- **In scope**
 - Adults (age 18 & over)
 - Dependence and withdrawal/discontinuation syndrome
 - Benzodiazepines, z-drugs, GABA-ergic medicines, opioid pain medications, antidepressants
 - Medicines above that are prescribed in the treatment of anxiety, insomnia, chronic non-cancer pain and depression
 - Prescribing in the community
- **Out of scope:** cancer/terminal pain, OTC medicines, prescribing in hospitals or prisons, anti-psychotics, stimulants, 'smart drugs', anti-obesity meds

Methods

- **Independent mapping of drug categories, conditions and guidance.** To inform scoping, data analysis and literature review.
- **Data analysis.** Collaborative approach to analyse all prescription and some GP patient data to understand prevalence and detail of prescribing patterns, patients, conditions, etc.
- **Stakeholder expert group.** To inform approach, interpret findings and propose recommendations.
- **Broader stakeholder engagement.** To ensure relevance, appropriateness and support.
- **Call for papers/evidence.** Unpublished research, grey literature (third sector reports, etc), reports collating personal experiences.
- **Literature review.** Summarising the evidence on causes, harms and effective responses (prevention and treatment).
- **Report.** The evidence review and recommendations, peer reviewed, published in January 2019.