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:

  o prevalence and prescribing

  o the nature and likely causes of dependence or withdrawal among some people who continue to take these medicines

  o effective prevention and treatment responses for each indication
Scope

• **In scope**
  o Adults (age 18 & over)
  o Dependence and withdrawal/discontinuation syndrome
  o Benzodiazepines, z-drugs, GABA-ergic medicines, opioid pain medications, antidepressants
  o Medicines above that are prescribed in the treatment of anxiety, insomnia, chronic non-cancer pain and depression
  o 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• **Call for papers/evidence.** Unpublished research, grey literature (third sector reports, etc), reports collating personal experiences.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).