

**All-Party Parliamentary Group for Prescribed Drug Dependence**

**Minutes 18th January 2022**

**Present:**

Danny Kruger MP (DK) Chair Lord Crisp (NC) Co-Chair

Baroness Stroud (PS) Officer Earl of Sandwich (ES) Officer Baroness Hollins (SH) Officer Debbie Abrahams MP Officer

Luke Montagu (LM) Secretariat James Davies (JD) Secretariat Anne Guy (AG) Secretariat

**Apologies**

Peter Kinderman (PK) Secretariat Steve Brine MP (SB) Officer

Crispin Blunt MP (CB) Officer Baroness Masham of Ilton Officer

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| **Item** | **Description** | **Who** | **By When** |
| **1** | **AGM**The following were proposed and elected as officers of the group:Danny Kruger MP (Con) ChairLord Crisp Co-chairBaroness Hollins OfficerBaroness Masham of Ilton OfficerEarl of Sandwich OfficerBaroness Stroud OfficerDebbie Abrahams MP (Lab) OfficerCrispin Blunt MP (Con) OfficerSteve Brine MP (Con) OfficerThe secretariat co-ordinator will forward the necessary paperwork for DK to sign to re-register the group by the deadline of 8th February. | AG/ DK | 08/02 |
| **2****2.1****2.2** | **NICE Guidance Updates**

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| **Safe Prescribing and Withdrawal Guideline (LM)**Until May 2021, LM was a member of the committee developing a new NICE guideline on safe prescribing and withdrawal. This guideline is being developed as a result of the PHE Prescribed Medicines Review and was released for public consultation in November.The draft of the Guideline fails to provide sufficient information to enable doctors to support safe withdrawal or tapering from these drugs. Specifically, it does not indicate how long to taper, how much to reduce the drug at each step, nor how long to wait between dose reductions. It also does not list withdrawal symptoms, nor does it indicate that withdrawal symptoms can last for months or longer. As result of these omissions, Luke decided to resign from the committee and has been working as part of the Secretariat to apply pressure from the outside.This includes the APPG’s response to the public consultation, submitted in December, which covered these points. In addition, Luke wrote an [opinion piece](https://www.dailymail.co.uk/health/article-10179195/Why-resigned-failure-help-prescription-pill-victims.html) for the [Daily Mail](https://www.dailymail.co.uk/health/article-10179195/Why-resigned-failure-help-prescription-pill-victims.html) on the same topic which was also circulated to other stakeholders as well as the NICE committee members. Lastly, the APPG developed a [Statement of Support](http://prescribeddrug.org/wp-content/uploads/2022/01/Statement-of-Support-for-APPG-Nov-2021-1.pdf) requesting these changes in the NICE guideline which was signed by several institutions, including the main therapy organisations. This statement was sent with an accompanying [letter to Dr Paul Chrisp](http://prescribeddrug.org/wp-content/uploads/2022/01/Letter-to-Dr-Paul-Chrisp.pdf), Guidelines Director at NICE. It is hoped that these actions will encourage the committee to reconsider this section of the guideline.**Depression in Adults Guideline Consultation**NICE also released its updated Depression in Adults guideline which it published for public consultation in December. Prof Peter Kinderman of the APPG Secretariat, is also a member of this guideline committee. The APPG submitted its response to this consultation in January, noting in particular that its revised language on withdrawal symptoms fails to recognise long term or protracted withdrawal. |

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| **3****3.1****3.2****3.3** | Engagement with NHSE & I on PHE recommendation implementation**Local in-person services**The focus of the NHSE & I work is the development of a “*Framework for action:* *Optimising personalised care for patients at risk of, or experiencing, prescribed drug dependence or withdrawal*” which is aimed at NHS organisations, particularly integrated care systems (which will become statutory organisations from April 202), to deliver action for local populations.Members of the secretariat have sat on the Advisory Group for this project and provided comprehensive feedback on a first draft of this document last year. An updated version of the framework has been circulated which is much improved, and it includes case studies of both the NHS Prescribed Medication Support Service and REST. The secretariat recommended the APPG endorse the framework, and this was agreed.Concerns have however been fed back around how far:* the Framework is a mandate for action
* services will be funded, and
* they will therefore actually become a reality.

We have therefore suggested to NHSE&I that the APPG would welcome the opportunity to explore how it can support the implementation phase of the Framework, whether through political pressure for funding or as a group representing the lived experiences of existing services and their users (could we for example link into a forward-thinking ICS to facilitate co-creation of services?) Development of a helpline & websiteThe DHSC has been tasked with considering how to implement the helpline and website recommended by PHE. There was an initial paper circulated in March 2021 which secretariat members provided feedback on but have since learned the person assigned to the project has moved on. We have not yet been advised who has replaced them.**APPG Actions to support implementation**DK has written to Maria Caulfield MP to request a meeting to discuss progress on these services. The secretariat will also draft a note for DK/NC to send to the new Chief Pharmaceutical Officer, David Webb, to introduce the group and invite to a meeting.DK asked how we might make more use of the media to raise awareness, particularly around the lack of progress in implementing anything. LM updated the meeting on current plans & agreed to meet to discuss further.A meeting has also been booked for 7th March between DK and Jeremy Hunt MP, Chair for the First Do No Harm APPG to explore areas of common interest. Secretariat to summarise areas of overlap for discussion. | DKSec / DK, NCLM / DKSec | FebFeb |
| **4** | Representing patient interests - proposal to form a patient voices coalition (working title)There is a potential opportunity to work with NHS organisations to develop services. PHE recommended that "Any helpline and website services *should be developed in consultation with key stakeholders (including experts by experience)...*” [emphasis added].The secretariat therefore proposed the APPG approve the creation of a patient voices coalition for prescribed drug dependence. It would be facilitated by CEP and aim to represent patient’s views / link in experts by experience (including those running existing services), to inform new service creation. It could also potentially make relevant information & documents available online for access by the DHSC or NHS teams. The group would be independent of both the APPG and CEP-UK but not legal entity, at least initially This idea was approved. SH also highlighted the importance of amplifying patient voices for prevention as well as for services after the event. Psychiatrists are increasingly being encouraged to focus solely on medications and their review, rather than more person-centred, trauma informed approaches. Sec to consider how to take this forward. | AG / LMSH / Sec |   |
| **5** | Research Centre/ConsortiumOver the past five years the APPG secretariat has undertaken numerous high-impact research projects on issues of prescribed drug dependency. Most of these projects have been undertaken with little or no research funding, which has impeded the scope, scale and speed of our research activity. In response, it is proposed to establish an independent prescribed drug dependency research centre, which will affiliate with University College London, the APPG-PDD and the universities of Liverpool and Roehampton, as well as patient groups. Through this centre, we will apply for research funds to support APPG-related research activities. Potential funders include the ESRC, Medical Research Council and the Welcome Trust. The idea was approved by the meeting.As with the Patient Voices Coalition, the research centre will be independent of the APPG but be focused on supporting its mission and objectives.  | JD |  |
| **6****6.1** | AOB Council of Europe (CoE) Report Response [post meeting note]In 2013 Jim Dobbin MP, then chair of the forerunner of this group, the APPG for Involuntary Tranquilliser Addiction, submitted a motion to the CoE Committee on Social Affairs, Health and Sustainable Development to conduct an investigation, to:*“explore the current situation in Europe with respect to involuntary addiction to prescription medicines, examine examples of good practice and make recommendations on how to ensure that patients who need the medicines get them; unnecessary or inappropriate use is prevented; alternative treatments are used as much as possible; risks are minimised; and relevant support is provided to the victims of addiction.”*A member of the secretariat attended an expert exchange of views in Paris in September 2019, and a provisional report was finally released on 1st December 2021, as reported in this [news piece](https://pace.coe.int/en/news/8543/preventing-addiction-to-prescription-medicines-more-work-needed-on-finding-the-right-balance?__cf_chl_jschl_tk__=CMYntsjNw4E.fzC75W.8mrNeqWqmYiyXkD08nIKnQOI-1642520566-0-gaNycGzNCKU) on their website. This report is due to be debated by the Assembly in March.Whilst the overall recommendations of the report are helpful the report does not appear to grasp the difference between addiction and dependence. The secretariat will draft a response to the report for DK, as the successor to Jim Dobbin, to send to the rapporteur (Joseph O’Reilly). | Sec |  |
| **7** | **Next meeting** – secretariat to discuss with DK | Sec |  |