DANNY KRUGER MP

HOUSE OF COMMONS

LONDON SW1A 0AA

Mr Joseph O'Reilly, Ireland, EPP/CD
Rapporteur

Date 1st February 2022

Dear Mr O'Reilly

Response to the report on Addiction to Prescribed Medicines no: 4415 of 21 January 2019

I am writing as Chair of the All-Party Parliamentary Group (APPG) for Prescribed Drug Dependence, the successor to the APPG for Involuntary Tranquiliser Addiction the late chair of which, Jim Dobbin MP, originated the initiating motion for your report.

I hope you will therefore recognise the group's interest in the report and consider some constructive suggestions before it is published in March.

First, you and your team should be congratulated in completing this important report during the pandemic.

The intention of the original motion submitted in 2013 was to focus on the needs of people who had taken dependence forming medicines such as tranquilisers, *as prescribed by their doctors* and found themselves physiologically dependent upon them. Dependence and the resultant need for services to support safe withdrawal from such medicines has historically been under-recognised.

This new report now contains much vital information that could prompt member states to provide such essential services. The current draft, however, whilst mentioning these medicines, has a much greater focus on opioids, drug misuse and 'nefarious addiction'. Whilst these issues are clearly important, it is hoped that the following suggested amendments will be made to rebalance the report to recognise the needs of the intended patient group more fully.

Specifically, and in priority order:

1. Consider amending recommendation 2.2 to read:

'Encourage the relevant Council of Europe bodies to work closely with the world health organisation (WHO) in this area, including on the possible drafting and issuance of guidance on prevention, identification, management, and treatment of addiction *to / dependence on* prescribed medicines, *including support to withdraw safely*, at global and/or Council of Europe level.'

2. Expand the terminology used to include 'dependence'

Whilst the 2013 motion used the term 'involuntary addiction', understanding in this field has now moved on, and the terms addiction and dependence are no longer conflated either by leading academics or those with lived experience.

The language used in the report therefore needs to be expanded to include 'dependence' on prescribed medicines. Whilst the point made that no addiction is voluntary is an important one, the loss of the word 'involuntary' and the resultant focus

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on 'addiction' has led to an inadvertent minimisation of the primarily physiological nature of dependence in this context.

The definition of addiction used in the draft report from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the leading authority on *illicit* drugs in the European Union:

"A repeated powerful *motivation* to engage in a purposeful behaviour that has *no survival value*, acquired as a result of engaging in that behaviour, with significant potential for unintended harm" [emphasis added]

has three specific problems for most prescribed medication usage:

- It does not allow for the sometimes-delicate balance between the perceived medical benefits, and the harms of taking prescribed medicines (i.e., there *is* sometimes a survival value in taking such medicines even though they may create a dependence)
- Treating all prescribed medication dependence as 'addiction' mischaracterises a physical process as at least partially a psychological one
- Regrettably, the terms 'addiction' and 'addict' are stigmatising and many patients who are dependent on prescribed drugs simply do not recognise their experience in such terms. They will not see services using this language as applicable to their situation.

To deal with these important issues, the rapporteur could consider using the terms adopted by Public Health England (PHE) in its 2019 Prescribed Medicines Review to distinguish between dependence and addiction (see appendix for details and some further commentary).

3. Antidepressants association with withdrawal syndromes

In point 17, antidepressants should be included in the list of medicines associated with withdrawal syndromes as is discussed in point 19 – additional references are provided in the appendix in case this is helpful.

I do hope you will actively consider these recommendations which could significantly widen the potential impact of your report. I would welcome the opportunity to discuss any of these matters with you or provide additional information should that be helpful.

Yours sincerely

Danny Kruger MP
Chair, All-Party Parliamentary Group for Prescribed Drug Dependence, UK

Appendix

Terms from Public Health England (PHE) 2019 Prescribed Medicines Review

"**Dependence** An adaptation to repeated exposure to some drugs and medicines usually characterised by *tolerance* and *withdrawal*, though *tolerance* may not occur with some. Dependence is an inevitable (and often acceptable) consequence of long-term use of some medicines and is distinguished here from *addiction*

Addiction *Dependence* plus a compulsive preoccupation to seek and take a substance despite consequences"

As written, the Addiction to Prescribed Medicines report mischaracterizes 'dependence' as addiction, with some unfortunate consequences that reverberate throughout the report and may adversely affect clinician-patient relationships and quality of care.

The definition of dependence has become confounded as different professional bodies sought to define it according to their own perspectives, sometimes involving political considerations (Nielsen et al., 2012).

However, the apolitical definitions in pharmacology texts such as Goodman & Gilman's The pharmacological basis of therapeutics are most useful. The body and brain adapt to the presence of a drug to maintain homeostasis. If a hormone or transmitter is increased, then the relevant receptor will be up or down-regulated so as to reduce the effect of the change to the equilibrium produced by the drug (Hyman and Nestler, 1996). This is a natural physiological process, not psychological or under the individual's volition, and should not be associated with addiction. This disambiguation of dependence was incorporated into the DSM-5 (O'Brien, 2011).

It is important that both clinician and patient understand the natural process of adaptation leading to physiological dependence (sometimes called physical dependence), so as not to suggest the patient has developed an addiction and further, to communicate to the patient that some normal drug-related symptoms may arise and should be reported. When a psychotropic is taken regularly, certain clinically important phenomena related to the dependent state commonly emerge, such as loss of beneficial effect (tolerance) (Hyman and Nestler, 1996), inter-dose withdrawal, and withdrawal symptoms should dosing be irregular or reduced, as outlined in Monti, 2010 and Lerner and Klein, 2019 (latter authors associated with the US FDA).

Patients should understand why they might have any of these symptoms and be urged by the clinician to report them promptly so they may be addressed appropriately (Steinman, 2013).

References

Hyman, S. E. and Nestler, E. J. (1996) 'Initiation and Adaptation: A paradigm for Understanding Psychotropic Drug Action', (February), pp. 151–162. doi: 10.1007/s00340-005-2128-3.

Lerner, A. and Klein, M. (2019) 'Dependence, withdrawal and rebound of CNS drugs: an update and regulatory considerations for new drugs development', Brain Communications, (2019). doi: 10.1093/braincomms/fcz025.

Monti, J. M., Floresco, S., Andrade, R., Cools, R., Roberts, A., Cador, M., Caillé, S., Stinus, L., & Jackson, A. (2010). Withdrawal Syndromes. In I. P. Stolerman (Ed.), Encyclopedia of Psychopharmacology (pp. 1370–1374). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-540-68706-1_162.

Nielsen, M., Hansen, E. H. and Gotzsche, P. C. (2012) 'What is the difference between dependence and withdrawal reactions? A comparison of benzodiazepines and selective serotonin re-uptake inhibitors.', Addiction (Abingdon, England). England, 107(5), pp. 900–908. doi: 10.1111/j.1360-0443.2011.03686.x.

O'Brien, C. (2011) 'Addiction and dependence in DSM-V', Addiction (Abingdon, England). 2010/10/06, 106(5), pp. 866–867. doi: 10.1111/j.1360-0443.2010.03144.x.

Steinman, M. A. (2013). Reaching out to patients to identify adverse drug reactions and non-adherence: Necessary but not sufficient. JAMA Internal Medicine, 173(5), 375–394. https://doi.org/10.1001/jamainternmed.2013.2965

Taylor, S., Annand, F., Burkinshaw, P., Greaves, F., Kelleher, M., Knight, J., Perkins, C., Tran, A., White, M. & Marsden, J. (2019). Dependence and withdrawal associated with some prescribed medicines: An evidence review. London: Public Health England.

Antidepressant withdrawal syndrome references:

Davies, J. & Read, J. (2018). A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence based? *Addictive Behaviors*. pii: S0306-4603(18)30834-7. doi: 10.1016/j.addbeh.2018.08.027. [Epub ahead of print]

Himei, A. & Okamura, T. (2006). Discontinuation syndrome associated with paroxetine in depressed patients: A retrospective analysis of factors involved in the occurrence of the syndrome. *CNS Drugs 20*, 665-672.

Yasui-Furukori, N., Hashimoto, K., Tsuchimine, S., Tomita, T., Sugawara, N., Ishioka, M. & Nakamura, K. (2016). Characteristics of escitalopram discontinuation syndrome: A preliminary study. *Clinical Neuropharmacology, 39*, 125–127.

Read, J. & Williams, J. (2018). Adverse effects of antidepressants reported by 1,431 people from 38 Countries: Emotional blunting, suicidality, and withdrawal effects. *Current Drug Safety, 13*. doi: 10.2174/15748863136661806050095.

Read, J., Cartwright, C. & Gibson, K. (2018). How many of 1,829 antidepressant users report withdrawal symptoms or addiction? *International Journal of Mental Health Nursing*. doi.org/10.1111/inm.12488.

Davies, J. & Pauli, G. (2018). *A survey of antidepressant withdrawal reactions and their management in primary care*. Report from the All-Party Parliamentary Group for Prescribed Drug Dependence (2018).

Read, J., Gee, A., Diggle, J. & Butler, H. (2018). Staying on and coming off: The experiences of 752 antidepressant users. *Addictive Behaviors.* doi.org/10.1016/j.addbeh.2018.08.021.

Fava, G., Gatti, A., Belaise, C., Guidi, J. & Offidani, E. (2015). Withdrawal symptoms after selective serotonin reuptake inhibitors discontinuation: A systematic review. *Psychotherapy and Psychosomatics, 84*, 72–81.

Cartwright, C., Gibson, K., Read, J., Cowan, O. & Dehar, T. (2016). Long-term antidepressant use: Patient perspectives of benefits and adverse effects. *Patient preference and adherence, 10*, 1401–1407. doi:10.2147/PPA.S110632.