

## Briefing for the Public Petitions Committee

**Petition Number:** [PE1651](#)

**Main Petitioner:** Marion Brown on behalf of Recovery and Renewal

**Subject:** Prescribed drug dependence and withdrawal

Calls on the Parliament to urge the Scottish Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal.

### Background

The petition focuses on drug dependence and subsequent withdrawal issues associated with some prescribed drugs such as benzodiazepines, antidepressants and painkillers.

- **Benzodiazepines** are a group of medications which are used to treat anxiety, agitation and restlessness, epileptic seizures/fits, mania, alcohol withdrawal and sleeping problems. The [Royal College of Psychiatrists](#) note that around 4 in every 10 people who take them every day for more than 6 weeks will become addicted. They go on to comment that, in most cases, they should not be used for longer than 4 weeks.
- **Antidepressants** are drugs that relieve the symptoms of depression. Although antidepressant drugs don't generally cause addictions many people taking SSRIs (Selective Serotonin Reuptake Inhibitors) and SNRIs (Serotonin and Noradrenaline Reuptake Inhibitors) have withdrawal symptoms ([Royal College of Psychiatrists](#)).
- **Opiate analgesics** are painkillers such as codeine, methadone, and tramadol. They are commonly used to treat chronic pain and can lead to tolerance and physical dependence, especially with prolonged treatment and at higher doses ([BMA](#)).

The [Medicines and Healthcare Products Regulatory Agency](#) (MHRA) is responsible for monitoring the safety of all medicines on the UK market including concerns about misuse. The MHRA uses a variety of methods to collect information on the safety of prescription medicines and can take action to safeguard public health<sup>1</sup>. Guidance over the use of licensed drugs in the NHS in Scotland is a devolved matter. In Scotland the [Scottish Intercollegiate Guidelines Network](#) (SIGN) develops evidence based clinical practice

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<sup>1</sup> S3W-16016

guidelines<sup>2</sup>. It is important to note that, despite licensing procedures and guidance, it is ultimately the decision of clinicians to decide whether or not a drug should be used in the treatment of their patient.

## Recent Developments

The British Medical Association (BMA) has recently considered the issue of dependence and withdrawal associated with prescribed drugs. In 2015, they published an [analysis report](#) which followed on from a call for evidence. It focused on prescription drugs with an established dependence potential (benzodiazepine, opioids and Z-drugs<sup>3</sup>) and withdrawal effects (antidepressants).

Following this, the BMA made three recommendations:

1. The UK government, working with the devolved nations, should introduce a national, 24 hour helpline for prescribed drug dependence.
2. Each of the UK governments, relevant health departments and local authorities should establish, adequately resourced specialist support services for prescribed drug dependence.
3. Clear guidance on tapering and withdrawal management should be developed collaboratively with input from professional groups and patients.

The UK Parliament has established an [All Party Parliamentary Group for Prescribed Drug Dependence](#).

## Scottish Government Action

The Scottish Government's Drug Strategy, [The Road to Recovery](#), was published in 2008. This strategy focuses on problem drug use and does not make specific reference to prescribed drug dependence.

The Scottish Government commented that good practice prescribing guidance for psychotropic medication and other drugs exists in SIGN guidelines, the British National Formulary and local health board formularies. All GPs prescribing is monitored and discussed individually through annual appraisals. An audit of prescribing in mental health commonly occurs involving health board pharmacy departments. There is national annual reporting of prescribing patterns and trends which are considered by the Scottish Government and other agencies<sup>4</sup>.

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<sup>2</sup> [SPICe Briefing 12/15](#)

<sup>3</sup> Z drugs are zaleplon, zolpidem and zopiclone which are prescribed for the short-term relief of disturbed sleep. There is not enough evidence to show that they are less likely to cause dependence than benzodiazepines ([Royal College of Psychiatrists](#)).

<sup>4</sup> Scottish Government, personal correspondence.

In the [Chief Medical Officer's Annual Report 2014-15](#) the concept of realistic medicine was discussed. This seeks to put the person receiving health and care at the centre of decision-making and encourages a personalised approach to care. It aims to reduce harm and waste and tackle unwarranted variation in care. This has been followed in 2015-16 with the publication of [Realising Realistic Medicine](#).

### **Scottish Parliament Action**

SPICe briefing 17/22 on [Drugs Misuse](#) explores the wider issue of drug misuse in Scotland. It provides an overview of the Scottish Government's National Drugs Strategy, a summary of the prevalence and trends in drug use and covers approaches to treatment and drugs services.

A number of written questions have been asked on this issue including S5W-03537 on addiction to anti-depressants and other prescription drugs and S5W-03821 on the support available to people coming off antidepressants.

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**10 May 2017**

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