

PE1651/HHHHHHHH

The Chair of the British Medical Association Scottish GP Committee submission of 28 May 2018

Thank you for your letter of 10 May seeking the views of BMA Scotland's GP Committee on petition PE 1651.

Psychoactive drugs have a valuable therapeutic role for a range of conditions, often bringing essential relief to patients in extreme distress. However, their effective use requires careful management if the risk of side effects and potential addiction is to be mitigated.

Where a particular drug is known to have withdrawal effects or be potentially addictive, this would normally be discussed in advance with patients before reaching a mutual decision on whether or not to prescribe. The effects of medication will be monitored by the prescriber and when potentially addictive medication is no longer required, they will help their patient to withdraw from the prescription by gradually reducing dosage. It is important to note that many patients suffer no withdrawal effects when coming off these medicines in a planned way.

Achieving this mutual decision making can sometimes be challenging, particularly when a medication is no longer clinically indicated but a patient is reluctant to reduce their dose and begin the process of tapering off their prescription. Many of the symptoms which lead to these prescriptions are self-reported by patients and there is often no way to objectively assess their severity; for example, how much pain a patient is experiencing. Situations where the GP thinks the medication is no longer required but the patient disagrees can strain the therapeutic relationship. Modern general practice involves trying to agree treatment plans with patients and most GPs will be very flexible on these plans. However, problems can arise when the patient feels they cannot continue to reduce their dosage or wish to go back to the full dose.

Prescribers will generally follow the clinical guidance that is currently available when managing a patient's withdrawal from medication, but this is not as extensive as might be hoped and its application needs to be tailored to the individual needs of patients. This can lead to variation in practice from one patient's experience to the next. Improving the evidence-based clinical guidance that is available specifically on tapering and withdrawal could help to ensure best practice.

When a patient does need additional support with prescribed drug dependence, addiction services that are set up primarily for illicit drug users may often be inappropriate and unable to assist. Services that are intended specifically for people having problems with prescribed drug dependency and withdrawal would be better placed to provide support in such cases, while a dedicated helpline would be a source of 'live' support and advice.

As there is no robust data on the number of people affected by prescription drug dependence and withdrawal effects, it is difficult to be confident about the scale of this problem. However, most GPs will recognise that there exists a substantive minority of patients who report difficulties with prescribed drug dependence or

withdrawal effects that go beyond the norm and who would benefit from additional support.

I hope that this will be useful in your ongoing consideration of this petition.