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OPEN LETTER

The government has a moral duty to help those harmed by prescribed dependence forming drugs

An open letter by healthcare professionals calls for specialist NHS services to support patients harmed by taking prescription medications

This week, BBC1's Panorama drew sharp attention to the problem of prescribed drug dependence and withdrawal in the United Kingdom, providing insight into an iatrogenic problem affecting large numbers of people internationally. While this has been a problem for decades, the Panorama programme shows that there are still almost no NHS services to support patients who have been harmed by taking medicines as prescribed by their doctor, such as antidepressants and benzodiazepines. In the absence of these services, the programme detailed how patients experiencing severe and prolonged withdrawal symptoms have resorted to online peer groups for validation, support, and safe drug tapering advice. The patient community, it seems, has been forced to develop its own withdrawal protocols (e.g. for antidepressants) in the absence of sufficient tapering guidance being advanced by NICE (The National Institute for Health and Care Excellence) or any other national clinical guidelines internationally.^{1,2}

The scale of the prescribed drug dependence and withdrawal problem in England was revealed in 2019, when Public Health England (PHE) published a comprehensive evidence review of dependence forming drugs.³ It showed that 26% of the adult population in the England was prescribed a dependence forming drug in the previous year, for example, antidepressants, benzodiazepines, Z-drugs, GABA-ergic and opioids, and that there are substantial levels of unnecessary prescribing of these drugs in the community (i.e. prescribing beyond what clinical guidelines advise, and/or for indications where there is no clear evidence of efficacy). Such unnecessary prescribing has recently been estimated to cost the NHS in England over £500 million each year in medicines, consultation, and pharmacy dispensing costs alone,⁴ before considering the adverse side effects of these medications on people's health and wellbeing. This adds a significant economic burden to the likely mounting disability cost of patients suffering the effects of severe and protracted withdrawal.

Panorama's discussion of the urgent need for support services reflects a key recommendation of PHE's 2019 review, which called for a national 24 hour helpline and associated website to provide support to patients experiencing prescribed drug dependence and withdrawal.^{2,5} This call was also endorsed in October 2019 by some medical royal colleges and medical institutions, including the British Medical

Association, the Royal College of Psychiatrists, and the Royal College of General Practitioners.

An oversight group was established within NHS England to oversee the implementation of the recommendations of PHE's review, including the national helpline and website. However, according to Panorama, the funding was denied for the helpline, despite the low cost of provision. In addition, the oversight group was quietly disbanded leaving no one to follow through on the recommendations.

Therefore, despite all the evidence reviews, media interest and public awareness, nothing has changed. In fact, the situation has worsened, with one of the last remaining withdrawal charities and local helplines (the Bristol and District Tranquiliser Project) being forced to close its doors this summer as its funding has been removed. Furthermore, while NHS England has now published a commissioning framework calling for local support services for prescribed drug dependence, no additional funding has been provided to enable this, making implementation unlikely.

We believe that the NHS has a clinical and moral obligation to help those who have been harmed by taking their medication as prescribed. Panorama has revealed the scale of the problem and the horrendous impact it has had on so many people's lives. To help mitigate these impacts, we therefore urgently call upon the UK government to fund and implement withdrawal support services, including a national helpline.

Signatories: James Davies, associate professor of medical anthropology and psychology, University of Roehampton, London; Mark Horowitz, honorary research fellow, University College London; Luke Montagu, All-Party Parliamentary Group for Prescribed Drug Dependency, Westminster, London; Sheila Hollins, professor of psychiatry, St Georges, University of London; John Read, professor of clinical psychology, University of East London; Joanna Moncrieff, professor of critical and social psychiatry, University College London; Marcantonio Spada, professor of addictive behaviours, London South Bank University; Nigel Crisp, House of Lords, Westminster, London; Anne Guy, All-Party Parliamentary Group for Prescribed Drug Dependency, Westminster, London; Peter Gøtzsche, professor of clinical trials, Centre of Scientific Freedom, Denmark; Fiammetta Cosci, associate professor of clinical psychology at the University of Florence; Sami Timimi, visiting professor of child psychiatry and mental health improvement at the University of Lincoln; Antonio E. Nardi, professor of psychiatry, Federal University of Rio de Janeiro; Michael Hengartner, senior lecturer in psychology, Zurich University of Applied Sciences; Guy Chouinard, professor of clinical pharmacology, McGill University; Bogdan Chiva Giurca, College of Medicine Council Member and Social Prescribing Champion at the National Academy for Social Prescribing.

Competing interests: JD is a practising psychotherapist, co-founder of the Council for Evidence-based psychiatry and secretariat member of the All-Party Parliamentary Group for Prescribed Drug Dependency. He has royalties on authored and edited books. MAH is collaborating investigator and a member of the DSMB (both unpaid positions) for the RELEASE trial in Australia evaluating hyperbolic tapering of antidepressants, funded by the Medical Research Future Fund (MRFF). MAH reports consulting for and being the co-founder of Outro

Health, a digital clinic supporting people to safely stop unnecessary antidepressants. MAH reports honoraria received from various NHS Trusts and the University of Washington for lectures on deprescribing. SH is an officer, All-Parliamentary Group for Prescribed Drug Dependence. JM receives research grants from NIHR, royalties on authored and edited books, lecture fees received from Alberta Psychiatric Association, British Psychological Association, Université de Sherbrooke, Case Western Reserve University, University of Basel, co-chair person of the Critical Psychiatry Network. NC is co-chair, All Party Parliamentary Group for Prescribed Drug Dependence. LM is co-founder of the Council for Evidence-based psychiatry and secretariat member of the All-Party Parliamentary Group for Prescribed Drug Dependence. AG is a member of the Council for Evidence-based psychiatry and secretariat member of the All-Party Parliamentary Group for Prescribed Drug Dependence. MPH receives royalties from Palgrave Macmillan for a book about antidepressants. JR, MS, PG, FC, ST, AEN, GC none declared

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- 4 Davies J, Cooper RE, Moncrieff J, Montagu L, Rae T, Parhi M. The costs incurred by the NHS in England due to the unnecessary prescribing of dependency-forming medications. *Addict Behav* 2022;125:107143. doi: 10.1016/j.addbeh.2021.107143. pmid: 34674906
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