

Government Response to the Short Life Working Group on Prescription Medicine Dependence and Withdrawal

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Introduction

In response to a public petition in Scotland and work undertaken by Public Health England (PHE) to review dependence and withdrawal associated with some prescribed medicines, the Scottish Government established a short life working group (SLWG), chaired by Irene Oldfather from the Alliance. The group was asked to look at the scale of the issues in Scotland and the recommendations from the PHE report in the Scottish context, and with consideration of Scottish data. Membership of the SLWG included clinical, pharmacy and nursing representation from the professions as well as professional bodies, patients with lived experience, patient organisations, SIGN, Public Health Scotland and academia.

The group sought to identify the scale, distribution and underlying contributors to prescription drug dependence and what might be done to address this in Scotland.

The review covered adults (aged 18 and over) and 5 classes of medicines:

- Benzodiazepines (mostly prescribed for anxiety and/or insomnia)
- Z-drugs (sleeping tablets with effects similar to benzodiazepines)
- Gabapentin and pregabalin (together called gabapentinoids and used to treat epilepsy, neuropathic pain and, in the case of pregabalin, anxiety disorders)
- Opioids for chronic non-cancer pain
- Antidepressants (for depression, anxiety disorders and neuropathic pain).

Consultation

Draft recommendations were developed by the SLWG and provided to the Cabinet Secretary for Health and Sport who approved their publication by way of public consultation. The consultation paper discussed each of the PHE recommendations in turn, described the current landscape in Scotland, work that had been undertaken during the life of the SLWG and recommendations for further work agreed by the group and patient representatives. A summary of the PHE recommendations and SLWG Scottish Recommendations are shown in Table 1.

Table 1: PHE Recommendations and SLWG Scottish Recommendations

PHE Recommendation	SLWG Scottish Recommendations
Recommendation 1 – “Increasing the availability and use of data on the prescribing of medicines that can cause dependence or withdrawal to support greater transparency and accountability and help ensure practice is consistent and in line with guidance.”	In line with National Statistics protocol, composition, and publication of statistics by Public Health Scotland will continue to be reviewed with consideration to user need. This will mean that clinical professionals and researchers can use the breadth of data and data indicators to improve patient care and treatment by evaluating interventions, measuring long-term outcomes in clinical trials, assessing the safety of new medical interventions and supporting the understanding of patterns of health and illness across the whole population. The suite of indicators and reports will be developed within STU to support front line practitioners identify patients that need review of their treatment.

<p>Recommendation 2 – “Enhanced clinical guidance and the likelihood that it will be followed.”</p>	<p>A high priority recommendation of the SLWG is to take the antidepressant and gabapentinoid guides to conclusion, this will involve establishing expert groups, including patient representatives with lived experience, and building upon the scoping document.</p> <p>SLWG are also recommending that Quality Prescribing Guides are developed for the remaining classes of drugs covered by the SLWG, opioids, Z-drugs, and benzodiazepines.</p> <p>Scottish government will work to promote the utilisation of these guides through fostering collaboration across relevant health and other policy areas. The clinicians involved in the development of the Quality Prescribing Guides will use their networks to help ensure that the guides are used in practice and we will take their advice on what additional steps need to be taken to aid implementation of each guide using the data to drive change.</p>
<p>Recommendation 3 – “Improving information for patients and carers on prescribed medicines and other treatments, and increasing informed choice and shared decision making between clinicians and patients.”</p>	<p>Work with NHS Inform and NHS 24 to develop on-line guides and resources to support patients suffering from withdrawal from the 5 classes of medication covered by the review. There will be signposting to these resources from existing online content to ensure greater ease of accessibility and uptake. This will involve considering existing material produced for recreational drug use and put a team together to produce tailored guidance for each of the 5 classes of medication. The teams will include patient representation. Additional shared decision aids will be developed for the medicines covered by the SLWG and included within the polypharmacy app.</p> <p>The free Polypharmacy: Manage Medicines app and website provide information and tools to support healthcare professionals, patients and carers in making decisions about taking multiple medicines. It contains two toolkits one for professionals and one for patients.</p> <ol style="list-style-type: none"> 1. A toolkit for healthcare professionals This provides quick and easy access at point of care to key recommendations from the national Polypharmacy Guidance including the 7-Step process for medicines review. 2. A toolkit for patients and carers taking multiple medicines

	This provides information and shared decision support tools to support patients with self-management and shared decision-making between patients and professionals during consultation and medicines review. This toolkit will be expanded to include the medicines covered by the review
Recommendation 4 - “Improving the support available from the healthcare system for patients experiencing dependence on, or withdrawal from prescribed medicines.”	The SLWG agree that an out-of-hours helpline is required to help patients suffering from dependence and withdrawal from prescribed medicines as it is often out-of-hours when symptoms are most acute. Further scoping work should be undertaken on how the existing service provision can be boosted to take this requirement on board, this would include training for those staff who answer calls on behalf of the service. We have established an NHS24 synergies sub-group that will take this forward jointly with recommendation 3.
Recommendation 5 – “Further research on the prevention and treatment of dependence on, and withdrawal from, prescribed medicines.”	The Public Health England group came up with some proposals for further research. The SLWG considered these in a Scottish context and added some additional project proposals. It is hoped that some of these proposals will be adopted by academia and while Scottish Government will not commission these directly, we will consult with the Chief Scientist’s Office on how these can best be promoted to relevant academic and other bodies.

Against each recommendation, the consultation asked 3 questions:

- Do you agree with this recommendation?;
- On a scale of 1-5, where 1 is not effective at all and 5 is extremely effective how effective do you think that action will be;
- Space for free-text comments.

There was overall strong agreement with the recommendations. Between 85% and 87% of respondents agreed with each recommendation and there was strong support that implementation of each recommendation would be either effective or somewhat effective. Table 2 shows the level of agreement against each of the 5 recommendations (represented in the table as “Rec”).

Table 2 - % agreement and level of effectiveness for each recommendation (Rec)

	Recommendation				
	1	2	3	4	5
% agree with recommendation	87%	85%	87%	87%	87%
Level of effectiveness					
Effective	46%	36%	38%	38%	41%
Somewhat effective	28%	33%	41%	38%	36%
Not effective	13%	18%	10%	13%	13%
Not answered	13%	13%	10%	10%	10%

Scottish Government officials undertook detailed qualitative analysis of the free-text comments, looking for themes, insights and opinions on the respondents' views of the consultation recommendations. Those identified included:

- The value of **Data and Research**, and the particular areas of interest respondents highlighted for further attention and focus.
- The need to consider not only how evidence and data are generated but also how that knowledge is implemented into practice through a process of knowledge mobilisation. Respondents highlighted some current issues with this process for existing data, and the need to alleviate the issue if future work is to be fruitful.
- The need for **change in work culture/dynamics** within the healthcare system. Respondents made reference to the need for greater communication with and between actors in the healthcare system, as well as improved communication and decision making between patients and practitioners.
- A few respondents commented on the need to **better utilise existing resources** such as community pharmacies and community pharmacists.
- Respondents also commented on the topic of **patient experience and patient empowerment**. These comments focused on the need to centre the patient experience in both data collection and research focus. In addition to the need for patients to be able to make informed decisions through a greater access to relevant information (particularly around the issue of withdrawal), as well as a more collaborative approach to the planning and decision making process of their individual health journey.
- Respondents discussed the need for suitable messaging with regards to guidance/information. Many respondents commented on the need to consider the accessibility of the guidance/data/information that the recommendations would make available. Accessibility in this context often referred to the ability of patients to have the means (either the physical IT resources, or the technical capacity to use said resources) to navigate to the required digital information and to ensure that alternatives were available in order to compensate for any potential disadvantages people may have in accessing this information.

- Many respondents commented on the issue of resourcing through the consultation. This typically revolved around discussion of the need for greater resources to be made available for the recommendations to be successfully implemented. Resourcing in this context could refer to issues such as additional staffing, additional funding, or addition time for people to consider the information available.

Conclusions

Scottish Government and members of the Short Life Working Group are grateful for the time that all respondents took to contribute to the consultation and welcome the input towards finalising the recommendations.

There is a strong view that respondents want to see the recommendations implemented and embedded in practice. To that end, we will add an additional recommendation focused on implementing a framework for delivery of the recommendations. We will do this through the development of an implementation programme as a formal project. Development of the programme has already started and we will publish this shortly. We have also made some amendments to the recommendations as a result of the feedback received during the consultation and have listed the final recommendations in table 3 (the amendments are shown in **bold**).

Final Recommendations

Table 3: Final SLWG Scottish Recommendations

PHE Recommendation	SLWG Scottish Recommendations
<p>Recommendation 1 – “Increasing the availability and use of data on the prescribing of medicines that can cause dependence or withdrawal to support greater transparency and accountability and help ensure practice is consistent and in line with guidance.”</p>	<p>In line with National Statistics protocol, composition, and publication of statistics by Public Health Scotland will continue to be reviewed with consideration to user need. This will mean that clinical professionals and researchers can use the breadth of data and data indicators to improve patient care and treatment by evaluating interventions, measuring long-term outcomes in clinical trials, assessing the safety of new medical interventions and supporting the understanding of patterns of health and illness across the whole population. The suite of indicators and reports will be developed within STU to support front line practitioners identify patients that need review of their treatment. The data will be relevant, regularly updated and comparable across and within locals</p>
<p>Recommendation 2 – “Enhanced clinical guidance and the likelihood that it will be followed.”</p>	<p>A high priority recommendation of the SLWG is to take the antidepressant and gabapentinoid guides to conclusion, this will involve establishing expert groups, including patient representatives, and building upon the scoping document.</p> <p>SLWG are also recommending that Quality Prescribing Guides are developed for the remaining classes of drugs covered by the SLWG, Z-drugs, and benzodiazepines.</p>

	<p>The clinicians involved in the development of the Quality Prescribing Guides will use their networks to help ensure that the guides are used in practice and we will take their advice on what additional steps need to be taken to aid implementation of each guide.</p> <p>Quality prescribing guides will be evidence based, involve Experts by Experience in their development and be regularly updated.</p>
<p>Recommendation 3 – “Improving information for patients and carers on prescribed medicines and other treatments, and increasing informed choice and shared decision making between clinicians and patients.”</p>	<p>Work with NHS Inform and NHS 24 to develop on-line guides and resources to support patients suffering from withdrawal from the 5 classes of medication covered by the review. This will involve considering existing material produced for recreational drug use and put a team together to produce tailored guidance for each of the 5 classes of medication. The teams will include patient representation. Additional shared decision aids will be developed for the medicines covered by the SLWG and included within the polypharmacy app. Alternative formats will be available alongside any online resources in order to maximise the reach of the information.</p>
<p>Recommendation 4 - “Improving the support available from the healthcare system for patients experiencing dependence on, or withdrawal from prescribed medicines.”</p>	<p>The SLWG agree that an out-of-hours helpline is required to help patients suffering from dependence and withdrawal from prescribed medicines as it is often out-of-hours when symptoms are most acute. Further scoping work should be undertaken on how the existing service provision can be boosted to take this requirement on board, this would include training for those staff who answer calls on behalf of the service. We have established an NHS24 synergies sub-group that will take this forward jointly with recommendation 3.</p>
<p>Recommendation 5 – “Further research on the prevention and treatment of dependence on, and withdrawal from, prescribed medicines.”</p>	<p>The Public Health England group came up with some proposals for further research. The SLWG considered these in a Scottish context and added some additional project proposals. It is hoped that some of these proposals will be adopted by academia and while Scottish Government will not commission these directly, we will consult with the Chief Scientist’s Office on how these can best be promoted to relevant academic and other bodies.</p>
<p>Recommendation 6</p>	<p>Establish an implementation framework that will deliver on the recommendations of the SLWG.</p>

Delivery of Recommendations

Delivery of the recommendations will involve a coordinated approach across related Scottish Government policy areas and colleagues in NHS Scotland. Relevant policy areas include: chronic pain, mental health and Drug Related Deaths. We have provided a short update from each.

Chronic Pain

Chronic pain is defined as pain which has persisted beyond normal tissue healing time.^[1] It is estimated that 1 in 5 people in Europe experience ongoing chronic pain, with 1 in 20 people in Scotland experiencing severe, disabling chronic pain.^[2] Chronic pain is a condition which is individual to the patient and any therapeutic management plan needs to place the individual at the centre.

Prescribing for chronic pain in Scotland increased by 66% over the ten years from 2006.^[3] Commonly prescribed drugs include classes of medicines covered by the work of the SLWG, including opioids and gabapentinoids. Many people with chronic pain may also be prescribed medicines associated with dependence including benzodiazepine, z-drugs and sedating agents. Therefore the recommendations of the SLWG will be used to complement and inform improved prescribing and support for people with chronic pain. In order to support prescribers and people with chronic pain alike in identifying the most appropriate management plan, the Scottish Government has supported the development of clinical and prescribing guidance. This includes [SIGN 136 – Management of Chronic Pain](#) and its companion document, [Quality Prescribing for Chronic Pain – A Guide for Improvement 2018-2021](#). There is some evidence to suggest the introduction of these resources has influenced prescribing of pain-related medicines in recent years. REF: [Assessing the impact of SIGN 136 on opioid prescribing rates in Scotland: An interrupted time series analysis | medRxiv](#)

Improving services and support for people with chronic pain in Scotland remains a priority for the Scottish Government. In September 2020 the Government published [a Framework for Recovery of NHS Pain Management Services](#) to support the rapid and safe remobilisation of specialist pain management services in Scotland which were paused during the initial wave of the COVID-19 pandemic. The Scottish Government intends to carry out consultation on a draft Framework for Pain Services in 2021 which intends to improve access to patient-centred care, and will support the implementation of the SLWG recommendations.

Mental Health

People experiencing mental ill health should expect high quality care, which can include the prescription of medication if they need it. The prescription of any medication is a clinical decision made in discussion with the patient, and within the context of their recovery. Prescriptions should be reviewed regularly to achieve the best possible health outcomes, and on-going support should be provided to patients who are prescribed medicines. Additional help and support is available as

[1] International Association for the Study of Pain. Classification of chronic pain. Second edition.

[2] [Scottish School of Primary Care GP Clusters Briefing Paper 2 Chronic Pain](#)

[3] PRISMS System NHS Scotland. Based on increase in number of Defined Daily Doses

alternatives to prescribing drugs such as psychological therapies; talking therapies and digital support services.

We have committed to delivering a tailored programme of work to help individual NHS Boards respond effectively to the anticipated increase in demand for mental health services in the months ahead. We have also committed to building on innovations and new service designs that have emerged, such as the establishment of Mental Health Assessment Centres and the expansion of digital services and online therapies, where they best meet patient needs.

Protecting good mental health in Scotland is central to our long-term response to the coronavirus pandemic and - as set out in our Mental Health Transition and Recovery Plan - a key part of this is to ensure the continuity and the quality of mental health services, enhancing access where demand is high. We see reducing stigma as critical, which includes challenging any stigma around care and treatment for mental ill-health

Drug-Related Deaths

Within the recent increases being reported annually in drug-related deaths in Scotland there has been a pattern of rises in deaths where many of the contributors to prescription drug dependence have been implicated. As part of the National Mission to tackle the harms and deaths caused by drugs in Scotland, the Scottish Government is focusing attention on the use of and role of benzodiazepines which can lead to drug death in particular. The Drug Deaths Taskforce has led on developing an approach to tackle the harms caused by these drugs and has made separate recommendations on actions to support people who have developed problematic use. A key focus now will be on providing good information to people in need of support, and on introducing a wider range of treatment options.



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