Anne Milton MP Minister for Public Health House of Commons London SW1A OAA House of Commons London SW1A OAA

1st October 2010

Dear Anne,

We are writing regarding the Department of Health's review on addiction to prescription and over-the-counter medicines. We would like to bring to your attention that the review is not proceeding as expected. The following information was received in response to a Freedom of Information request and is of great concern to the members and supporters of the APPG.

We therefore request that you clarify the following:

- 1. A letter from your office dated 5th July to Chris Davies MEP stated that:
- ".....As Mr Haslam may be aware, we have now completed the first two stages of the review. We have investigated the provision of services in the voluntary sector for people dependent on medicine. The National Addiction Centre at Kings College University of London has also completed work establishing key findings from published evidence. In the next stage of the review, we will be systematically auditing provision of services in the NHS and will be reviewing audits of GP prescribing of benzodiazepines."

Listed below is the programme of work as given by Earl Howe on the 24th June in response to a Parliamentary Question:

- 1. a literature review on published evidence;
- 2. an audit of primary care trust prescribing records to assess the scale of overprescribing; and
- 3. an audit of addiction clinicians to map the assistance that is available to help people withdraw from prescription and over-the-counter medicines....'

The letter to Chris Davies interchanges items number 2 and 3. The audit of clinicians, now item number 2, has been split into two parts; an audit of voluntary clinicians and an audit of NHS clinicians. The audit of voluntary clinicians is reported as complete and the letter presents this as the completion of an entire stage of the review. This is inaccurate as item 2 is not complete as the NHS clinicians have not been audited but rearranged into another item.

Furthermore, not all the voluntary sector clinicians have been investigated, for example, the Bristol and District Tranquilliser Project has not been contacted at all. Please contact my office for a complete list of the other voluntary sector organisations which have not been contacted by the Drug Misuse Team.

2. Subsequently, according to a reply to a Freedom of Information request to the Department of Health, dated the 13th August, Genevieve Lobo stated that:

'The additional information about the three items requested cannot be sent at the present time as work on the first (literature) is not yet complete and the second two items (prescribing audit and specialist survey) have only just commenced in the last few weeks.'

According to this information item 1 (literature) is still incomplete and items 2 and 3 (prescribing audit and specialist survey) have only just been started. Why has so little work been done since July 2009?

3. The 'literature' element is vague and unspecified and meaningless to patients.

Would the Minister please explain the definition of the term 'key findings' as used in the letter to Chris Davies.

- 4. Three items have been removed from this list supplied in a letter of the 15th April 2010 from the Department to Mr Perrott of Lancaster:
 - 1. prevalence: to help determine the extent and severity of the problem of dependence on prescribed and over-the-counter (OTC) drugs;
 - 2. prevention: to assess the effectiveness of clinical governance in this field, including the provision of guidance for prescribers of benzodiazepines and other drugs;
 - 3. provision of treatment services: to find out what services are available to support people needing treatment for dependence on these drugs;
 - 4. policy leadership: to establish how the Department might improve its communication between interested parties; and
 - 5. discrimination against people who may have become disabled as a result of their dependence on medicine.'

The three items which have been dropped are prevention, policy leadership and discrimination.

These issues, particularly prevention and discrimination, are of vital importance to patients and are no longer part of the review. Will they be dealt with in the future?

5. Patients took these drugs under NHS prescription and were subsequently abandoned for years with no help to withdraw; patients did not deliberately set out to become addicted.

Would you please clarify whether involuntary addiction is still considered drug misuse and will any future provision be based on this wrong assumption?

6. The literature element of the review is delegated to Professor Strang of the National Addiction Centre who is a psychiatrist and whose expertise is in disorders of the mind, not in drug toxicity, which is the issue in this case. The National Addiction Centre has no expertise in treating involuntary tranquilliser addiction and psychiatrists as a profession have routinely misprescribed tranquillisers and ignored prescribing guidelines.

Would the Minister please clarify why the National Addiction Centre is conducting the review when they have no expertise in benzodiazepines or benzodiazepine withdrawal?

7. For over a year any question on the subject of involuntary tranquilliser addiction by Members of Parliament, the public or other concerned parties has been deflected by the Department by reference to the review, for example, the Earl of Sandwich's Parliamentary Questions of the 17th June 2010. The FOI response given above has now called into question whether any relevant work has been carried out at all since July 2009.

Can you please ensure that the review team completes its report by the end of the year?

8. The review is being conducted in secrecy with patients, withdrawal charities, Professor Ashton, the All Party Parliamentary Group for Involuntary Tranquilliser Addiction and in fact anyone with expertise in involuntary tranquilliser addiction being excluded from the process, apart from what we perceive to be token visits.

No-one in the review has any expertise or experience in the process of withdrawing from these drugs safely. We are concerned about the prevention of future addiction; the assessment of the number of people affected; the duration of their addiction; the development of a best practice for safe withdrawal; and an assessment of the damage caused by long-term use. Professor Ashton is the recognised world authority on benzodiazepines and benzodiazepine withdrawal.

Why is the review team excluding the people and organisations with the most knowledge and experience in benzodiazepines and benzodiazepine withdrawal?

9. Professor Steven Field, Chair of the Royal College of General Practitioners, said:

"We now try to prescribe (benzodiazepines) only for a few days because we know that it's very difficult to get people off these drugs ... in some people, it can be three or four days of the drug before they get hooked... So each patient is very different. Bringing people off the drug is very different and you have to do it slowly and really tailor it to the patient." (ITV West interview, March 09)

Professor Field is an eminent professor and Chair of Council of the Royal College of General Practitioners. The current prescribing guideline is for 2-4 weeks; this is a difference of 800% and we believe that this would influence whether patients became addicted or not.

Can you explain the discrepancy between his statement regarding 3-4 days and the current prescribing guideline which is for 2-4 weeks?

In August, in a written question, The Earl of Sandwich asked Her Majesty's Government:

'What guidelines they are giving to the medical profession in the light of recent comments by Professor Steven Field, Chairman of the Council of the Royal College of General Practitioners, that benzodiazepines and tranquillisers should be prescribed "only for a few days" because of the risks of addiction HL1952'.

Earl Howe, Parliamentary Under Secretary of State (Department of Health) replied:

'Professor Field's comments are consistent with the British National Formulary's guidance to prescribers on the use of benzodiazepines and tranquillisers.'

Earl Howe's response is incorrect as 3-4 days is not consistent with 2-4 weeks. Could the Minister please answer the question that Earl Howe has answered incorrectly?

10. The Health Select Committee Report of 2004/5 of the enquiry into 'The Influence of the Pharmaceutical Industry' stated that:

"... practices have developed which act against the public interest."

'The MHRA has failed to adequately scrutinise licensing data The organisation has been too close to the industry, a closeness underpinned by common policy objectives, agreed processes, frequent contact, consultation and interchange of staff.'

'In view of the failings of the MHRA, we recommend a fundamental review of the organisation.'

The MHRA and its predecessors have systematically defended tranquillisers and the pharmaceutical manufacturers for 40 years; they are considered to be part of problem.

Why have the MHRA been appointed as internal stakeholders of the review when they have such a conflict of interest?

11. When patients telephone the Department of Health and ask for the complaints office they are informed there isn't one and that complaints by mail or email go to a central pool and are subsequently answered by an allocated Complaints Officer.

If patients wish to escalate their complaint to the Parliamentary and Health Service Ombudsman they are informed by the Ombudsman's office that it can only investigate issues relating to how the Department of Health processed the complaint and cannot investigate policy issues.

If the patient wishes to question policy then the Department of Health advises patients to write to their MP. However, when an MP queries policy issues with a Health Minister the enquiry is returned back to the Department's correspondence section for an answer and thus arrives back at the point of origin.

The MHRA complaints procedure excludes complaints about licensing and enforcement decisions; a patient may only complain about process.

Can you explain in the light of these 'closed systems' how public concerns regarding drug safety will ever be investigated impartially?

In spite of all of the above we would like to thank the Minister for the personal interest and attention she has given to this matter and we look forward to a reply to our questions.

Yours sincerely

Jim Dobbin MP Chair, All Party Parliamentary Group for Involuntary Tranquilliser Addiction