

PARLIAMENTARY QUESTIONS

Benzodiazepine Tranquillisers

Jim Dobbin MP

2008 -2009

Benzodiazepines
January 31, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080131/text/80131w0021.htm#08013188000945>

Jim Dobbin: To ask the Secretary of State for Health for what reasons benzodiazepines are not included in the treatment outcomes profile monitoring questionnaire. [178647]

Dawn Primarolo: The treatment outcomes profile (TOP), a treatment outcomes monitoring instrument is used at the start, during and after substance misuse treatment, and is reported through the national drug treatment monitoring system. TOP comprises of a series of questions, asked by the key worker and answered by the client about the nature and extent of the client's substance use, crime, health and social functioning, in order to measure outcomes in a meaningful way that is sensitive to change over time.

TOP went through a rigorous development process and all items on the TOP form had to meet stringent methodological and statistical criteria to be included on the final form. Drug treatment service users who took part in testing the TOP found it difficult to accurately and consistently remember and report the amount and frequency of their benzodiazepine use so the question did not validate and is no longer included. However, benzodiazepine use can be recorded on the TOP form as an "other problem substance" for clinical purposes and should always be included in comprehensive assessments and the resulting care plans.

The Department, along with the National Treatment Agency for substance misuse are involved in other work to ensure that benzodiazepine use among illegal or illicit drug misusers is addressed effectively in a clinical setting. Importantly, 'Drug Misuse and Dependence—UK guidelines on clinical management' (the 'Clinical Guidelines') gives guidance for clinicians on treating drug misusing patients who also may misuse benzodiazepines. The guidance is available on the Department's website at:

www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Substancemisuse/index.htm

Lorazepam

January 31, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080131/text/80131w0031.htm#08013188006252>

Jim Dobbin: To ask the Secretary of State for Health how many companies are licensed by the Medicines and Healthcare Products Regulatory Agency to manufacture or sell the drug Lorazepam or Ativan. [183073]

Dawn Primarolo: United Kingdom marketing authorisations for Lorazepam or Ativan have been granted to eight companies.

**Tranquilisers: Rehabilitation
February 1, 2008**

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080201/text/80201w0007.htm#08020150000718>

Jim Dobbin: To ask the Secretary of State for Health how many involuntary tranquiliser addicts have been successfully withdrawn by NHS treatment in each year since 1998. [183072]

Mr. Ivan Lewis [*holding answer 31 January 2008*]: The information requested is not available.

**Benzodiazepines: Misuse
February 4, 2008**

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080204/text/80204w0021.htm#08020427001567>

Jim Dobbin: To ask the Chancellor of the Exchequer how many drug misuse deaths related to benzodiazepines have occurred in (a) Scotland, (b) Northern Ireland and (c) Wales in each year since 1999. [183071]

Angela Eagle [*holding answer 31 January 2008*]: The information requested falls within the responsibility of the National Statistician, who has been asked to reply. *Letter from Karen Dunnell, dated 4 February 2008:*

As National Statistician I have been asked to reply to your recent question asking how many drug misuse deaths related to benzodiazepines have occurred in (a) Scotland, (b) Northern Ireland and (c) Wales in each year since 1999. (183071)

The most recent year for which figures are available is 2006. The table below shows the number of deaths for which the underlying cause was drug-related poisoning, and where benzodiazepines were mentioned on the death record, alone or with other substances. All such deaths are defined by ONS as drug misuse deaths. Figures are provided for usual residents of Wales for the years 1999 to 2006.

Social Security Benefits: Tranquillisers
February 29, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080228/text/80228w0001.htm#08022888000100>

Jim Dobbin: To ask the Secretary of State for Work and Pensions how many tranquiliser addicts are in receipt of disability benefits. [190357]

Mrs. McGuire: The information is not available.

Babies: Tranquillisers
March 3, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080303/text/80303w0012.htm#08030341000079>

Jim Dobbin: To ask the Secretary of State for Health how many of those previously addicted to prescribed tranquilisers have suffered long-term impairment as a consequence of their addiction. [190274]

Dawn Primarolo: The Department does not currently collect information that enables us to provide an estimate of the number of patients who are addicted to prescription drugs.

Tranquillisers
March 4, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080304/text/80304w0034.htm#08030515001478>

Jim Dobbin: To ask the Secretary of State for Health whether tranquilisers are used by (a) the National Treatment Agency and (b) drug action teams as treatments for substance misusers for a period of more than two weeks. [190207]

Dawn Primarolo: The National Treatment Agency (NTA) is a special health authority, created by the Government in 2001 to ensure that local drug partnerships improve the availability, capacity and effectiveness of treatment for the drug misusers in their area and does not directly provide treatment.

Drug action teams are local partnerships responsible for the commissioning of local treatment systems in their respective areas and do not directly provide treatment. Treatment providers may, based on clinical assessment choose to prescribe tranquilisers in the treatment of dependence to illegal drugs. To support them in their decision making the Department published in 2007 the "Drug misuse and dependence: UK guidelines on clinical management".

Jim Dobbin: To ask the Secretary of State for Health how many patients who are addicted only to tranquilisers prescribed by their doctors were treated by the National Treatment Agency Service in each year from 1999 to 2006. [190345]

Dawn Primarolo: The National Treatment Agency is a special health authority, created by the Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England and does not directly provide drug treatment. Drug treatment which involves prescribing is provided by appropriately qualified clinicians within the national health service.

**Babies: Tranquillisers
March 11, 2008**

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080311/text/80311w0012.htm#080311133000145>

Jim Dobbin: To ask the Secretary of State for Health (1) how many and what proportion of babies born with a tranquilliser addiction have a permanent impairment as a consequence of their addiction; [190209]

(2) how many babies were born with an addiction to tranquillisers in each year from 1999 to 2006; [190273]

(3) what treatment the NHS provides to babies born with an addiction to tranquillisers. [190275]

Dawn Primarolo [*holding answer 3 March 2008*]: Information is not collected centrally about the number of patients with a prescription drug addiction, nor is information available either about the number of individuals with a permanent impairment as a consequence of their addiction.

**Mental Health: Prescription Drugs
March 11, 2008**

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080311/text/80311w0015.htm#080311133000580>

Jim Dobbin: To ask the Secretary of State for Health how much was spent on prescribed select serotonin re-uptake inhibitors in each of the last 20 years. [193294]

Dawn Primarolo: The information requested is shown in the following tables.

	<i>Estimated prescription items dispensed by community pharmacists and appliance contractors in England</i>	<i>Net ingredient cost (£000)</i>
1987	40.0	898.8
1988	40.0	1,091.7
1989	106.2	3,410.2
1990	239.3	7,576.1

	<i>Prescription items dispensed in the community in England (thousands)</i>	<i>Net ingredient cost (£000)</i>
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1991	510.3	17,687.1
1992	1,178.1	43,329.0
1993	1,884.6	59,538.4
1994	2,681.2	76,686.0
1995	3,807.8	103,581.8
1996	5,136.0	142,250.0
1997	6,555.8	182,966.0
1998	7,581.6	211,277.5
1999	8,929.4	232,047.3
2000	10,442.5	213,323.6
2001	12,085.1	228,636.8
2002	13,304.0	244,515.9
2003	13,816.9	236,987.7
2004	14,312.0	224,650.8
2005	14,746.1	170,522.7
2006	16,227.1	119,663.0
<i>Source:</i> Prescription Cost Analysis system		

**Tranquillisers: Pregnant Women
March 14, 2008**

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080314/text/80314w0002.htm#08031445000384>

Jim Dobbin: To ask the Secretary of State for Health what services are provided to pregnant women to assist withdrawal from (a) voluntary and (b) involuntary or prescribed tranquilliser addiction. [191167]

Dawn Primarolo: The maternity services standard of the 'National Service Framework for Children, Young People and Maternity Services' states that women who have substance misuse problems are at greater risk of problem pregnancies and their care should be provided by an integrated multidisciplinary and multi-agency team.

**NHS: Drugs
March 14, 2008**

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080314/text/80314w0002.htm#08031445000356>

Jim Dobbin: To ask the Secretary of State for Health whether the NHS will seek reimbursement from pharmaceutical manufacturers for expenditure on ineffective Select Serotonin Re-uptake Inhibitors. [193485]

Dawn Primarolo: We have no plans to seek reimbursement from pharmaceutical manufacturers in respect of Select Serotonin Re-uptake Inhibitors (SSRIs).

The Committee on Safety of Medicines Expert Working Group on the safety of SSRIs undertook a comprehensive review of the safety of this entire class of drugs, examining all available evidence and reviewing all the regulatory advice issued. In December 2004, it concluded that the balance of risks and benefits of all SSRIs in adults remains positive in their licensed indications; however prescribers and patients should be more aware of the side effect profile of these medicines and the need for close monitoring of patients being treated for depressive illness or anxiety disorders.

Clinical Trials: Data Protection March 20, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080320/text/80320w0012.htm#08032089000071>

Jim Dobbin: To ask the Secretary of State for Health what assessment he has made of the (a) efficiency of and (b) protection of the public provided by the Medicines and Healthcare Products Regulatory Agency with reference to the non-disclosure of the results of clinical trials of drugs by pharmaceutical companies. [195590]

Dawn Primarolo: Companies are legally obliged to submit all data from clinical trials to the Medicines and Healthcare products Regulatory Agency (MHRA) when making an application for a marketing authorisation. Although this clinical trial data is available to the MHRA and central to the licensing process, the law does not require it to be more widely available. However the Government support the principle of open access to information about health research and strongly encourage voluntary registration of trials on public registers.

It is equally important that any information from clinical trials that take place should be disclosed to the MHRA, regardless of where the clinical trials were conducted or how the medicine is currently licensed, if that information could have a bearing on safety.

We are satisfied that the MHRA takes all necessary steps to protect public health with regard to its assessment of clinical trial data made available to it. However recent investigations have shown that the law is insufficiently clear about pharmaceutical companies' obligations in the case of clinical trials undertaken when a drug is already on the market. The Government are now taking action to change the law to make companies' obligations clear and comprehensive.

Tranquillisers: Misuse March 27, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080327/text/80327w0021.htm#08032779000602>

Jim Dobbin: To ask the Secretary of State for Health (1) what statistics are recorded on the incidence of addiction to prescribed tranquillisers; [195565]

(2) what steps were taken to address tranquilliser addiction in England in each year from 1999 to 2006. [195567]

Dawn Primarolo: Information about the incidence of addiction to prescribed tranquilisers is not collected centrally. Decisions about which tranquiliser addiction treatments have been provided between 1999 and 2006 have been made locally by each primary care trust, not by the Department, which does not hold this information.

Prevention, effective treatment and legal controls are all important in reducing the number of people who become addicted to prescribed tranquilisers like benzodiazepine. The main focus of the Department's action has been to warn general practitioners, other prescribers and users of the potential side-effects and dangers of benzodiazepines and to try and prevent addiction/dependence occurring in the first place.

Prescriptions for Ativan/Lorazepam March 27, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080327/text/80327w0020.htm#08032779000580>

Jim Dobbin: To ask the Secretary of State for Health how many prescriptions were issued for ativan/lorazepam in each year since 2000. [196705]

Dawn Primarolo: The Department does not hold information on prescriptions issued, only on prescription items that are dispensed. The following table gives the total number of items dispensed for all formulations of lorazepam, including ativan injection.

Prescription Drugs: Misuse March 27, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080327/text/80327w0020.htm#08032779000572>

Jim Dobbin: To ask the Secretary of State for Health what steps the National Treatment Agency has taken to improve the availability, capacity and effectiveness of treatment for prescribed drug addicts in England. [192782]

Dawn Primarolo: It is the responsibility of primary care trusts in each area to commission services for individuals who are not illicit drugs users but are dependent on prescribed drugs (such as benzodiazepines).

Antidepressants: Misuse March 27, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080327/text/80327w0019.htm#08032779000464>

Jim Dobbin: To ask the Secretary of State for Health what steps are being taken to tackle addiction to prescribed selective serotonin reuptake inhibitor antidepressants. [195566]

Dawn Primarolo: There is no conclusive evidence that antidepressants such as selective serotonin reuptake inhibitors (SSRIs) are addictive, in that they do not appear to lead to tolerance or dependence-forming, hence the Department has not implemented any policies to deal with this issue.

However, we know that some patients will experience withdrawal reactions on stopping or reducing their use of SSRIs, and in some cases the withdrawal reactions may be severe and disabling.

In 2005, the expert working group of the then Committee on Safety of Medicines (CSM) reported on the safety of SSRIs, which the Department currently regards as definitive. The CSM recommended that no one taking SSRIs should stop this treatment without prior discussion with their prescribing doctor, that SSRI usage should not stop suddenly, and that dosage should be reduced gradually at the end of a course of treatment.

Benzodiazepines: Misuse

Mr. Grogan: To ask the Secretary of State for Health by what means the National Treatment Agency measures outcomes for involuntary benzodiazepine addicts. [194099]

Dawn Primarolo: Activity data is collected by specialist drug treatment services on all clients/addicts in treatment and reported into the National Drug Treatment Monitoring Service (NDTMS). NDTMS collects data including numbers and retention in treatment and whether clients have completed treatment.

A new outcome monitoring tool, the Treatment Outcomes Profile (TOP), will also now be used for all clients in specialist treatment for drug misuse from April 2008. This will record a range of outcome measures which include the amount and range of drugs taken in each of the last four weeks and measures of health and social functioning. Some initial TOP data will be published by May 2008.

The National Treatment Agency (NTA) provides a range of support guidance to Drug Action Teams and to treatment providers. Most recently the NTA and the Department published "Drug misuse and dependence: UK guidelines on clinical management" (2007), which includes a detailed section on the management of benzodiazepines. The NTA also oversee the NDTMS and TOPs databases.

Drug Industry: Disclosure of Information April 3, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080403/text/80403w0008.htm#08040393000471>

Jim Dobbin: To ask the Secretary of State for Justice how many pharmaceutical companies have been prosecuted for withholding information regarding their products since 1992. [196407]

Dawn Primarolo [*holding answer 25 March 2008*]: I have been asked to reply.

The Medicines and Healthcare products Regulatory Agency (MHRA) records show no prosecutions of this kind since 1992.

As a result of the recent investigation into GSK (the subject of a written ministerial statement on 6 March 2008), the MHRA plans further stringent regulations to place obligations on companies report safety issues timeously.

**Tranquillisers
March 10, 2009**

<http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090310/text/90310w0042.htm#0903115001870>

Jim Dobbin: To ask the Secretary of State for Health from which advisory committees he obtains scientific advice on the use of tranquillisers. [261389]

Dawn Primarolo: Scientific advice on the use of tranquillisers is received from the Commission on Human Medicines.

Jim Dobbin: To ask the Secretary of State for Health how many (a) prescriptions and (b) in-patient prescriptions were issued for (i) each benzodiazepine and (ii) each zed drug tranquilliser in 2008. [261390]

Dawn Primarolo: Information on the number of prescription items dispensed in the community in England for Benzodiazepines and "z" drugs is provided in the following table.

<i>Chemical name</i>	<i>Items (thousand)</i>
<i>Benzodiazepines—prescription items dispensed January to September 2008⁽¹⁾</i>	
Alprazolam	<0.1
Chlordiazepoxide Hydrochloride	195.4
Clobazam (only used for epilepsy)	117.8
Clonazepam (only used for epilepsy)	382.7
Diazepam	3,616.4
Flurazepam Hydrochloride	<0.1
Loprazolam Mesilate	78.2
Lorazepam	666.6
Lormetazepam	70.8
Midazolam	2.4
Midazolam Hydrochloride	42.6
Midazolam Maleate	2.9
Nitrazepam	878.9
Oxazepam	134.7
Temazepam	2,335.2

"Z" drugs—prescription items dispensed January to September 2008	
Zaleplon	21.6
Zolpidem Tartrate	516.3
Zopiclone	3,459.5
⁽¹⁾ Data for the last quarter of 2008 are embargoed until the related National Statistic is published in April 2009. <i>Source:</i> Prescription Cost Analysis (PCA) system	

Antidepressants

<http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090310/text/90310w0036.htm#0903115000766>

Jim Dobbin: To ask the Secretary of State for Health what regulatory changes he has made to prevent a recurrence of the time taken by manufacturers to inform the regulator of the harmful effects of prescribed selective serotonin re-uptake inhibitors on patients. [261391]

Dawn Primarolo: A number of legislative changes have been made to strengthen and clarify the legal obligations of marketing authorisation holders. There is now an EU Directive governing the conduct of clinical trials which came into force in the United Kingdom on 1 May 2004. This introduced a criminal offence for the failure to report adverse reactions occurring in clinical trials.

Changes were also introduced to European Union medicines legislation from October 2005 which clarify the obligation to report relevant safety information arising from clinical trials using products outside their normal conditions of use. These were implemented in the UK from 30 October 2005 and include an obligation to provide specified information promptly.

UK legislation was amended in December 2008 to specify prompt reporting requirements for clinical trials, including those conducted outside the European economic area and outside the terms of any marketing authorisation valid in the UK. European legislative proposals published in December 2008 further clarify the legal obligations on marketing authorisation holders to report harmful effects and to do so promptly.

Antidepressants March 24, 2009

<http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090324/text/90324w0011.htm#09032470000275>

Jim Dobbin: To ask the Secretary of State for Health pursuant to the answer of 10 March 2009, *Official Report*, column 368W, on antidepressants, what amendments were made in December 2008 to strengthen the requirements upon marketing

authorisation holders to report on drug safety information emerging from clinical trials (a) in and (b) outside the UK. [264951]

Dawn Primarolo: The Medicines for Human Use (Marketing Authorisation Etc.) Amendment Regulations 2008 explicitly state that reporting requirements for drug safety information apply to information arising from use of the product outside the terms of the marketing authorisation, including use in clinical trials as defined in Article 2(a) of the clinical trials directive. There is no geographical limitation on this requirement. The Regulations also state that the reporting requirements apply to information arising from the use of the product in a country which is not a European economic area state. This information must be provided to the licensing authority "as soon as is reasonably practicable".

Tranquillisers April 27, 2008

<http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090427/text/90427w0018.htm#09042746000437>

Jim Dobbin: To ask the Secretary of State for Health pursuant to the answer of 10 March 2009, *Official Report*, columns 391-2W, on tranquillisers, what assessment he has made of the efficacy of his policy on the prescription of tranquillisers in limiting the number of medicines prescribed. [270354]

Dawn Primarolo: The Department has made no such assessment.

Tranquillisers: Rehabilitation May 15, 2008

<http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080515/text/80515w0018.htm#08051597001590>

Jim Dobbin: To ask the Secretary of State for the Home Department for what reasons involuntary tranquilliser addicts are not included in the drug strategy. [196559]

Mr. Coaker: The Drug Strategy is focused on illegal drugs and the most dangerous drugs, including class A drugs such as heroin and crack cocaine. The reason for this is that illegal drugs cause significant and wide ranging problems to individuals, families and communities, including drug-related crime and health harms. class A drug use generates an estimated £15.4 billion in crime and health costs each year and between a third and a half of acquisitive crime is estimated to be drug related. Due to this, the new strategy focuses on achieving a long-term and sustainable reduction in the harms associated with illegal drugs.

The mechanisms by which individuals may develop dependency and, therefore, the means by which such dependency may be tackled, differ in the cases of illegal drugs and legally prescribed drugs. For example, interventions to limit the supply of illegal drugs would be inappropriate to deal with prescription drugs. Similarly, the harms caused by prescription drugs differ from those generated by illegal drug use. The

latter give rise to predominantly crime and social harms, whereas prescription drugs give rise to health harms and, indeed, health harms requiring interventions other than those employed in the treatment of dependency on illegal drugs such as crack cocaine and heroin. For these reasons, it would be inappropriate for prescribed tranquillisers to be subject to the measures set out in the strategy to tackle the harms caused by illegal drug use.

**Tranquillisers
May 18, 2009**

http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090518/text/90518w0024.htm#column_1228W

Jim Dobbin: To ask the Secretary of State for Health how many (a) prescriptions and (b) in-patient prescriptions were issued for each (i) benzodiazepine and (ii) Z tranquilliser in (A) 2007 and (B) the last quarter of 2008. [274692]

Dawn Primarolo: Information is not held centrally for the number of prescription items issued, only for prescription items dispensed. Similarly, information on the number of in-patient prescriptions is not held in the format requested.

The following table provides prescriptions for Benzodiazepine items, dispensed in the community, in England, and written in the United Kingdom, for 2007 and 2008, by quarters (Q1-Q4), in thousands.

<i>Benzodiazepines items</i>					
<i>Thousand</i>					
	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>	<i>Full year</i>
<i>2007</i>					
Alprazolam	—	—	—	<0.1	<0.1
Chlordiazepoxide Hydrochloride	69.9	68.4	68.0	66.3	272.6
Clobazam	35.3	36.4	37.4	38.9	147.9
Clonazepam	113.6	116.5	119.0	125.0	474.1
Diazepam	1,160.4	1,169.8	1,192.2	1,200.1	4,722.5
Flurazepam Hydrochloride	—	—	—	—	—
Loprazolam Mesilate	27.9	26.8	26.5	26.9	108.1
Lorazepam	215.0	218.0	221.9	226.9	881.8
Lormetazepam	32.6	30.4	28.3	27.8	119.1
Midazolam	—	—	0.2	1.6	1.9
Midazolam Hydrochloride	11.1	12.1	12.5	13.5	49.2
Midazolam Maleate	0.7	1.0	1.8	0.8	4.3
Nitrazepam	318.6	311.8	308.0	311.5	1,249.9
Oxazepam	47.6	47.2	46.9	47.1	188.8
Temazepam	829.5	803.9	802.8	818.6	3,254.8

					18 May 2009 : Column 1229W
					18 May 2009 : Column 1230W
<i>2008</i>					
Alprazolam	<0.1	<0.1	<0.1	<0.1	<0.1
Chlordiazepoxide Hydrochloride	64.8	64.6	65.9	63.9	259.2
Clobazam	37.9	39.3	40.6	42.3	160.1
Clonazepam	123.8	126.4	132.5	138.1	520.8
Diazepam	1,178.1	1,201.5	1,236.8	1,246.8	4,863.1
Flurazepam Hydrochloride	<0.1	<0.1	<0.1	<0.1	<0.1
Loprazolam Mesilate	26.4	26.0	25.8	26.0	104.2
Lorazepam	219.2	221.6	225.8	232.0	898.6
Lormetazepam	25.1	23.4	22.3	21.2	92.0
Midazolam	1.0	0.8	0.5	0.2	2.6
Midazolam Hydrochloride	13.2	14.3	15.0	16.3	58.9
Midazolam Maleate	0.7	0.7	1.5	2.3	5.2
Nitrazepam	296.3	292.4	290.2	293.9	1,172.8
Oxazepam	44.9	45.0	44.9	45.3	180.0
Temazepam	792.2	770.7	772.2	787.1	3,122.2
<i>Notes:</i>					
1. Where there were fewer than 50 prescriptions dispensed this is indicated by "<0.1".					
2. "—" indicates that there were no prescriptions dispensed in the time period.					
3. Aggregated figures may not match full-year volumes due to rounding.					
<i>Source</i>					
Prescription Cost Analysis (PCA) system					

**Tranquillisers
May 20, 2009**

http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090520/text/90520w0013.htm#column_1435W

Jim Dobbin: To ask the Secretary of State for Health what guidance his Department issues on the safe half-life of a drug intended for use as a sleeping tablet; what the half-life of nitrazepam is; and how many nitrazepam prescription items were dispensed in 2008. [276004]

Dawn Primarolo: Nitrazepam belongs to the class of medicines known as benzodiazepines. It is licensed for the short-term treatment of severe insomnia

which is considered to be disabling or subjecting the individual to unacceptable distress, where daytime sedation is acceptable.

Nitrazepam acts in 30 to 60 minutes to produce sleep lasting six to eight hours. The half-life is, on average, 24 hours but depending on the individual can range from 16 to 38 hours. As a result nitrazepam has a prolonged action and may give rise to residual effects the following day, and repeated doses tend to be cumulative. Shorter acting agents are therefore preferable for the majority of patients requiring treatment for insomnia.

The half-life of a drug intended for use as a sleeping tablet is only one of many factors that influences the safe use of a medicine. Information to aid the safe use of nitrazepam is provided in the product information which consists of the Summary of Product Characteristics for healthcare professionals and the Patient Information Leaflet. These are available on the internet at

www.medicines.org.uk/

Additional prescribing advice is provided in the British National Formulary, which is sent to all doctors within the national health service.

Guidance on the safe use of benzodiazepines has been issued by the Department on a number of occasions; the focus of this advice has been on the need for restriction of use to short-term only. In the case of nitrazepam the recommended treatment period varies from a few days to two weeks with a maximum of four weeks including the tapering off process.

Tranquillisers May 21, 2009

http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090521/text/90521w0027.htm#column_1604W

Jim Dobbin: To ask the Secretary of State for Health what reports he has received on the outcome of litigation in the Scottish courts against the manufacturers of nitrazepam. [276003]

Dawn Primarolo: We have received no such reports.

Tranquillisers June 1, 2009

<http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090601/text/90601w0042.htm>

Jim Dobbin: To ask the Secretary of State for the Home Department whether the Chairman of the Advisory Council on the Misuse of Drugs has provided scientific advice to the Government on tranquillisers in the last 12 months. [276016]

Mr. Alan Campbell [holding answer 18 May 2009]: The chairman of the Advisory Council on the Misuse of Drugs has not provided scientific advice to the Government on tranquillisers in the last 12 months.

**Drugs: Misuse
June 1, 2009**

http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090601/text/90601w0036.htm#column_158W

Jim Dobbin: To ask the Secretary of State for the Home Department what financial interests (a) the Chairman and (b) each member of the Advisory Council on the Misuse of Drugs and its technical committee have declared. [276006]

Mr. Alan Campbell: The Advisory Council on the Misuse of Drugs (ACMD) will publish a register of interests of all council members on their website the week commencing 1 June. The register will include the interests of the chairman.