

Check Delivery

Physical Dependence and Addiction to Prescription and Over-the-counter Medication

Speech Given by

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LADIES AND GENTLEMAN: It is a pleasure to Chair this opening Plenary Session and to address you briefly, and I thank Deidre Boyd and her Organising Committee for inviting me to do so.

My address last year was about the 'displacements' that I believe to be a consequence of the 'War on Drugs' - substance displacement, geographical displacement and policy displacement, for example.

I referred to the following statement from page 11 of the Press Kit to the UN 2006 International Narcotics Control Board Annual Report:

"The abuse and trafficking of prescription drugs is set to exceed illicit drug abuse, warned the International Narcotics Board in its Annual Report released today (1 March 2007). The Board added that medication containing narcotic drugs and/or psychotropic substances is even a drug of first choice in many cases, and not abused as a substitute. Such prescription drugs have effects similar to illicit drugs when taken in inappropriate quantities and without medical supervision. The 'high' they provide is comparable to practically every illicitly manufactured drug."

Why would a person risk a fine or even a prison sentence when perfectly legal substances are able to give them a 'buzz'?

Concerns have been rising in recent years about the numbers of people who have been physically dependent or addicted to legal substances, and even overdosing on these substances, in some cases resulting in a tragic death. The high-profile death of Heath Leger was only one example of many.

Soon after my election to Parliament in 1997 I came across a former policeman, David Grieve, who had been addicted to cough mixture containing codeine. He started up a small charity called Over-Count, which he still runs today to give advice

on-line to those who have become addicted to over-the-counter medication.

Our All-Party Group decided to launch an inquiry in the 2007-08 Parliamentary session into “Physical Dependence and Addiction to Prescription and Over-the-Counter Medication”, and we published our report in January this year. It has attracted a lot of media attention.

Our inquiry was carried out along the lines of a Parliamentary Select Committee inquiry. First, we issued a ‘call for evidence’ with a Press Release then, based on the over 100 pieces of written evidence that we received, we invited two groups of witnesses to give oral evidence.

One group represented organisations, such as the Royal Colleges, trade associations and regulators, such as the Medicines and Healthcare products Regulatory Agency (MHRA), as well as the pharmaceutical companies, whilst the other group were patients who had been affected, or organisations representing them.

My Researcher, Gemma Reay, organised the inquiry and wrote the final report, which can be accessed through a link from my web site at www.brianiddon.org.uk, or through the DrugScope web site.

The evidence that we received suggests that there are two main groups of legal substances that are causing significant problems, the benzodiazepine tranquillisers and their successor drugs, the so-called ‘Zed-drugs’, and products containing codeine.

Of course, benzodiazepines are also Class C drugs in the UK. They are popularly used as ‘downers’ by those who use street drugs. Evidence suggests that they are now being smuggled into the UK in considerable amounts.

The ready availability of drugs on the largely unregulated internet has exacerbated drug abuse problems in my opinion. At least 10% of the drugs sold on the internet are counterfeit, which adds to the complexity of the problem.

The benzodiazepine class of drugs - Valium and Librium came first - were introduced in the 1960's, and were welcomed by clinicians to treat anxiety and insomnia in place of the much more toxic barbiturate drugs that had resulted in far too many overdose deaths. At first they were seen to be quite safe, and their addictive properties were overlooked for some time.

By the 1970's benzodiazepines were the most widely prescribed of all prescription medicines. However, many of those who tried to stop taking them experienced severe withdrawal symptoms as a result of their involuntary addiction to them.

I remember Esther Rantzen and her “That’s Life” team highlighting these problems in the early 1980's, and a book was published as a result of her campaign in 1984.

In 1988, the Committee on the Safety of Medicines issued clinical guidelines recommending that the drugs not be used for more than 4 weeks at a time, and that patients on these drugs be closely monitored. Sadly, many of our General Practitioners have ignored this advice and, as a result, an estimated 1.5-2 million of our citizens are addicted to these drugs today.

We came across patients who have been prescribed benzodiazepines for over 30 years. Our evidence suggests that repeat prescriptions handed out by doctors without monitoring their patients is a common cause of involuntary addiction.

Just as ceasing to use controlled drugs, such as heroin and cocaine, results in severe withdrawal symptoms, the same symptoms will be felt by a patient who ceases to take benzodiazepines, if they have become addicted to them. Professor Heather Ashton of the University of Newcastle has developed a withdrawal protocol for these patients.

It is more difficult to estimate the number of people addicted to products containing codeine, but estimates suggest that the figure stands at at least 20-30,000 and may be as high as 150-200,000. The products that cause the most problems contain higher than usual doses of codeine, at 12.5 mg per tablet, and usually contain the codeine admixed with another drug such as ibuprofen or paracetamol.

We have received evidence to suggest that those addicted to these products are taking between 30 and as many as 70 tablets per day.

Unless the codeine is separated from the co-medication, such as ibuprofen, these dose levels can cause medical complications such as serious internal bleeding, often resulting in death. The codeine can be easily separated from the co-medication, and the methods to achieve this separation are described on internet web sites.

The stereotypical addict is a middle aged female user of these products. However, more and more people are becoming addicted to these products through treatment of chronic pain by codeine-containing drugs in the absence of an adequate pain management strategy. It would appear that a significant number of codeine addicts also have a co-morbid mental health problem. Some addicts have a polydrug problem involving alcohol and prescription drugs.

Where people suffer headaches on a regular basis and self medicate with codeine-containing products, they develop a symptom that has been termed "medication overuse headache". When these people are enabled to give up the products the headaches disappear. Overuse of codeine desensitises the pain receptors.

People who become addicted to over-the-counter medicines believe the products that they are buying without prescription are safe and do not believe that they can become addicted to them. Similarly patients who receive prescriptions from their doctors believe that they will be protected from side effects and cannot believe that addiction or physical dependence can be an outcome.

With both tranquilliser and codeine addiction we have found that most General Practitioners either do not recognise the problem their patients have or are at a loss to know how to deal with it. The plain fact is that, today, it is probably easier for an illegal drug user to get a referral to a Drug and Alcohol Addiction Team (DAAT) than it is for those having problems with legal drugs (other than alcohol) to get treatment.

Our report contains 24 recommendations. They refer to adequate training of medical professionals, raising awareness of the problem, proper prescribing to and monitoring of patients, more research to establish the scale of the problem and, most importantly, recognition of the patients with problems and the ability to refer them to an appropriate treatment centre.

Both the pharmaceutical industry and the patient have responsibilities, the former to make patients available of the potential problems associated with their products, including physical dependence or addiction, clearly identified in the Patient Information Leaflet (PIL), and the latter to ensure that they do read the PIL or listen to the advice given by their doctor.

In some countries the advertising of codeine-containing products has been banned and, in others - the USA, for example - they have been made prescription only medicines (POMS). We would not wish to burden doctors any more than they are already and, in any case, there is a move to self medication, with a greater role for the pharmacists in advising patients, which is to be welcomed.

The National Treatment Agency (NTA) was set up in 2000 and has been very successful in treating those referred to it who are addicted to controlled drugs. However, we believe that it is not geared up to treating those whom I have been describing in this contribution. The stigma associated with controlled drug addiction and the shame associated with those who have become involuntarily addicted to prescription and over-the-counter medicines means that these patients are hardly likely to be happy to be referred to the facilities provided by DAATs.

Therefore, we have recommended that the DoH provide centres for treatment within the NHS. Throughout our report we have stressed the importance of the voluntary sector in helping these patients but their resources have become stretched in recent years and, in any case, they have not been listened to by our Government.

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