

Check Against Delivery

Addiction to Prescription and Over-the-counter Medication

An Adjournment Debate

In Westminster Hall

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MR DEPUTY SPEAKER:

This is my valedictory address as Chairman of the All-Party Parliamentary Drugs Misuse Group (APPDMG). I will hand over the Chairmanship of this APPG this afternoon after 10 years in this post.

Today, I want to introduce a debate on addiction and physical dependence to prescription and over-the-counter medicines in the hope that our Government will take this issue on board when they make their policies in future.

It is now recognised that the 'War on Drugs' has caused displacement - substance displacement, geographical displacement and policy displacement, for example.

Let me quote 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'? As we increase the penalties for those using controlled drugs, as we have done again for UK cannabis users, or increase the numbers of classified substances - whether it be khat or 'legal highs' next - people will seek alternative substances to give them a 'buzz'. Enforcement leads to substance displacement.

Concerns have been rising in recent years about the numbers of people who have become physically dependent on 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 from Dumfriesshire, David Grieve, who had been addicted to cough mixture containing codeine - he had been drinking litres of it every day. As a result he lost his job. David Grieve started up a small charity called Over-Count, which he still runs today to give on-line advice to those who have become addicted to over-the-counter medication.

Young Americans, who are keen to avoid the risks associated with taking controlled drugs, have been 'pharming' for several years now, which means that they have been taking cocktails of prescription and over-the-counter medicines in order to 'get high'.

The All-Party Parliamentary Drugs Misuse Group (APPDMG) decided to launch an inquiry in the 2007-08 Parliamentary session into "Physical Dependence and Addiction to Prescription and Over-the-Counter Medication". We published our report in January this year and it has attracted a lot of media attention. During our research we came across two other reports - one published in the State of Victoria in Australia and the other in Scotland - whose findings are similar to our own.

Our inquiry was carried out along the lines of a Parliamentary Select Committee inquiry. First, we issued a 'call for evidence' through 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. Nevertheless, we do recognise that millions of people have benefited worldwide from the use of these drugs.

Benzodiazepines are also Class C drugs under the Misuse of Drugs Act 1971. They are popularly known as 'benzos' and used as 'downers' by those who use stimulant street drugs - 'uppers' - such as cocaine and crack cocaine. Evidence available

from the NHS suggests that there about 200,000 illicit users of benzodiazepines in the UK. These drugs are being smuggled into the UK now in considerable quantities.

The ready availability of drugs on the largely unregulated internet has exacerbated drug abuse problems in my opinion. The Royal Pharmaceutical Society of Great Britain has estimated that around 2 million Britons access medicines through on-line pharmacies. The Society has devised a logo scheme for on-line pharmacies that follow the Society's code of conduct for use. However, there are lots of web sites on the internet that allow the purchase of prescription medicines without a prescription.

At least 10% of the drugs sold on the internet are counterfeit, which adds to the complexity of the problem. An article published in the British Journal of Clinical Pharmacology from the University of Edinburgh reported that they had discovered 35 web sites from which prescription-only pain relief medicines, some containing codeine, could be purchased without a prescription. We came across the case of a Welsh women who had died from an overdose caused by self-medication using medicines available on-line.

Other legal drugs, such as laxatives and antihistamines, are also misused but we received no individual accounts of misuse of these medicines during our inquiry.

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. They are still widely prescribed. 11.7 million prescriptions were issued for them in 2007. However, many of those who have tried to stop taking them have 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 1.5-2.0 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 some 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 dependent on them. Professor Heather Ashton of the University of Newcastle has developed a withdrawal protocol for these patients. Many of them have struggled for many years, often without knowing about this withdrawal protocol, to cease their dependence on benzodiazepines.

Patients are commonly incapacitated through their dependence on or addiction to benzodiazepines, or through their self withdrawal from these medicines. Some are left with long-term health problems even after withdrawal. Many would say that their lives have been wrecked as a result of being introduced to these drugs.

Often without support from their own doctors patients who have become addicted to benzodiazepines have turned to voluntary organisations for help, and I praise the work of 'Benzodiazepines: Co-operation not Confrontation', 'Battle Against Tranquillisers' and CITA, the 'Council for Information on Tranquillisers and Antidepressants', who have worked extremely hard over many years to support benzodiazepine addicts.

It is more difficult to estimate the number of people addicted to over-the-counter 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. The most common of these products are household brand names.

Codeine is more abundant in the latex obtained from the poppy *papaver somniferum* than the most desirable constituent, morphine.

We have received evidence to suggest that those addicted to codeine-containing products are taking between 30 and as many as 70 tablets per day. One woman who gave evidence to our inquiry described how the 48-60 tablets she was taking every day gave her a 'lift' and 'helped her along' whilst a male respondent told us how much he enjoyed the feeling of 'calmness, happiness and control' that his 32 tablets brought to him.

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 them 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

also alcohol and prescription drugs.

Mark Edwards became addicted to codeine following complications arising from an operation which left him with chronic pain. If he had received help to manage his pain, he would probably have not become an addict. Following on from his own experience he established 'codeinefree.me', an on-line site which supports those who have problems with over-the-counter medicines like the many codeine-containing products.

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 serious 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.

It is vital that all those who work in the healthcare field, especially the nurses, doctors and pharmacists, receive training in substance misuse as well as good prescribing practice. We are living in an era of a 'pill for every ill', when many patients require only to be listened to and, perhaps, referred on, for example to a cognitive behavioural therapist.

Both the pharmaceutical industry and the patient have responsibilities, the former to make patients aware of potential problems, such as physical dependence or addiction, 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 or pharmacist.

The trade organisations, the Association of British Pharmaceutical Industry (the ABPI) and the (PAGB), also have responsibilities to ensure that the products that their member companies produce are safe at the point of sale, as does the MHRA, who licence and monitor the sale of medicines in the UK. All of these bodies should raise awareness of the dangers of buying products on the internet.

The MHRA does work with Internet Service Providers to close down web sites that are found to be operating illegally, but they only have jurisdiction in the UK. In the last 5 years there have been 18 successful prosecutions of operators of web sites that have been trading medicines illegally in the UK.

Primary Care Trusts have a responsibility to ensure that benzodiazepines and the Zed-drugs are prescribed responsibly and they should ensure that General Practitioners who prescribe outside the guidelines justify that behaviour to the PCT and that the patients affected are monitored adequately so that problems do not develop.

Our APPG believes that codeine-containing packs should contain no more than 18 tablets and that all sales be accompanied by appropriate advice on the addictive potential of these medicines.

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.

A 2006 study conducted in Northern Ireland concluded that, on average, a pharmacist would see about 2 over-the-counter medicine misusers a week, but a 2001 study conducted in Scotland put the figure at an average of 5 per pharmacy per week.

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 with the problems that I have been describing today. 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 volunteer 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 organisations in helping these patients but their resources have become stretched in recent years, and we urge the Government to support them.

Finally, it is important that the Department of Health commissions research to measure the extent of the problems that I have described and monitor future prescribing and sales of the medicines that I have mentioned.

I hope that my Hon Fr can persuade the Minister of State for Health to meet me with a small delegation to discuss these problems in more depth and seek a way forward.

Thank you for listening.

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