

<b>Institution:</b> University of Roehampton		
<b>Unit of Assessment:</b> 4 - Psychology, Psychiatry and Neuroscience		
<b>Title of case study:</b> Changing the UK response to prescribed drug dependency and withdrawal: providing services and recognition for harmed patients		
<b>Period when the underpinning research was undertaken:</b> 2011–2019		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g., job title):</b>	<b>Period(s) employed by submitting HEI:</b>
James Davies	Reader	March 2006 – present
<b>Period when the claimed impact occurred:</b> 2014-2020		
<b>Is this case study continued from a case study submitted in 2014?</b> N		
<b>1. Summary of the impact</b> (indicative maximum 100 words)		
<p>Prescribed drug dependency and/or withdrawal affects over 4 million antidepressant and benzodiazepine users in the UK today. No dedicated NHS services exist to help patients who have been substantially affected, while national clinical guidelines have significantly underestimated the extent to which antidepressant withdrawal can be protracted and severe. Research initiated and led by Dr James Davies has shaped the work of the Council for Evidence-based Psychiatry and the All-Party Parliamentary Group for Prescribed Drug Dependence, resulting in <b>the first major UK government review of prescribed drug dependence and withdrawal</b> and a <b>government commitment to a national withdrawal and dependency helpline, pledged by the Secretary of State for Health</b> in 2019. Subsequently, in 2019, the <b>UK's National Institute for Health and Care Excellence changed its clinical guidelines on antidepressant withdrawal</b>, based on Davies' research findings. Extensive media coverage of Davies' research has also shaped public debate and understanding of these issues. These health policy changes will improve the lives of up to 1.3 million patients in the UK, who will now be eligible for withdrawal support, while contributing to a significant reduction in the £400 million annual cost to NHS England from unnecessary prescription and consultation.</p>		
<b>2. Underpinning research</b> (indicative maximum 500 words)		
<p>Mental health issues affect around 1 in 4 people in the UK each year, with 1 in 6 seeking professional help. Since the recent expansion of psycho-pharmaceutical interventions in the late 1990s, treatment of depression and related mental health issues in the UK has chiefly focused on prescription drugs such as SSRIs, antidepressants and anxiolytics (e.g. benzodiazepines), with nearly 20% of the UK adult population being prescribed these drugs in 2019. Since 2011, Davies has led research into withdrawal and dependency associated with each class of drug, playing a fundamental role in changing clinical guidelines and the national response to prescribed drug dependence.</p> <p>In 2012, Davies' book, <b><i>The Importance of Suffering: The Value and Meaning of Emotional Discontent</i> (R1)</b> questioned the dominance of the medical model in mental health provision. Key research findings included that the medical model, supported by the pharmaceutical industry has crowded out effective psycho/social provision in the NHS (R2), and that the linchpin of the medical model - the <b><i>Diagnostic and Statistical Manual of Mental Disorders</i></b> - has over-medicalised social suffering (R3). Davies' research argued that professional, cultural and industrial interests have shaped research, practice and regulation throughout the mental health sector, leading to over-medicalisation and the over-prescribing of psycho-pharmaceuticals. These issues were further explored in <b><i>The Sedated Society</i> (R4)</b>, a volume edited by Davies, with chapters authored by psychiatrists, psycho-pharmacologists and anthropologists, exploring the socio-cultural determinants of rising and long-term psycho-pharmaceutical prescribing.</p> <p>This qualitative work led Davies and Dr Todd Rae to quantify any harms emerging from over-prescribing, resulting in a study published in the <i>British Journal of General Practice</i> (R5), which provided the first estimate of the number of long-term benzodiazepine users in England. It showed that approximately 300,000 such users have been taking benzodiazepines for at least one year,</p>		

even though the UK's National Institute for Health and Care Excellence (NICE) (2009) guidelines stipulate usage should never exceed four weeks. This study revealed the scale of prescribed benzodiazepine dependency in England. It called for support services (including a 24-hour helpline) and better clinical guidelines to address the problem.

Davies, with Prof John Read (University of East London), also undertook a comprehensive systematic review into the incidence, duration and severity of antidepressant withdrawal (**R6**). The systematic review concluded that the withdrawal reactions when stopping antidepressants are, on average, far more severe, protracted and common than existing UK (NICE 2009) and US (APA 2019) national clinical guidelines acknowledge. For example, for two decades the NICE guidelines have stipulated that antidepressant withdrawal is '*usually mild, self-limiting, resolving over about one week*'. In contrast, the Davies and Read systematic review showed that at least half of all antidepressant users experience withdrawal, that around half of these report that withdrawal as severe, and a significant proportion experience withdrawal for far longer than one week – in some cases many months.

The study concluded that such inaccurate guidelines were leading many doctors to misdiagnose withdrawal as 'relapse' (the original problem returning) with drugs being wrongly reinstated. This can partly explain why the average duration of time a person spends on an antidepressant has doubled since the guidelines were first issued in 2004, accounting for rising long-term use and prescriptions overall (4.4 million people in England have been taking antidepressants for at least two years). The Davies and Read systematic review therefore recommended that NICE must revise its national guidelines to better recognise withdrawal, to support patients in withdrawal and to prevent doctors from wrongly attributing withdrawal to relapse (changes that would also significantly lower prescribing rates).

### 3. References to the research (indicative maximum of six references)

- R1** Davies, J. (2012) *The Importance of Suffering: The Value and Meaning of Emotional Discontent*. London: Routledge. <https://doi.org/10.4324/9780203137789>
- R2** Davies, J. (2013) *Cracked: Why Psychiatry is Doing More Harm Than Good* London: Icon Books. ISBN 9781848315563 <https://iconbooks.com/ib-title/cracked/>
- R3** Davies, J. (2017) How Voting and Consensus Created the Diagnostic and Statistical Manual of Mental Disorders (DSM III), *Anthropology and Medicine* 24(1), pp.32-46. <https://doi.org/10.1080/13648470.2016.1226684>
- R4** Davies, J. (2017) (ed). *The Sedated Society: The Causes and Harms of our Psychiatric Drug Epidemic*. London: Palgrave Macmillan. <https://doi.org/10.1007/978-3-319-44911-1>
- R5** Davies, J., Rae, T., Montagu, L. (2017) Long-term benzodiazepine and Z-drugs use in England: a survey of general practice, *British Journal of General Practice* 67(662), e609-e613. <https://doi.org/10.3399/bjgp17X691865>
- R6** Davies, J., Read, J. (2019) A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence-based? *Addictive Behaviors* 97, pp.111-21. <https://doi.org/10.1016/j.addbeh.2018.08.027> Listed in REF2.

### 4. Details of the impact (indicative maximum 750 words)

#### i. **Shaping health policy in the UK: informing Public Health England review and government recommendations**

In 2013, Davies presented his research on mental health in the UK Parliament (**R1**, **R2**). Following concerns raised by parliamentarians after the sharing of his findings, Davies contributed to the founding of the All-Party Parliamentary Group for Prescribed Drug Dependence (APPG-PDD) in 2015, then Chaired by Sir Oliver Letwin MP & Norman Lamb MP. The purpose of the APPG is to liaise with policy makers and government to improve recognition of, and provision for, UK patients harmed by prescribed drug dependency and withdrawal.

In recognition of his research, Davies was appointed as the APPG's Head of Research, and since 2015 has co-led its secretariat. His research was fundamental to the founding of the APPG, and

has also been pivotal in informing the subsequent actions of the APPG by enabling the group to lobby the government using evidence-based findings to provide support and services for UK patients suffering adverse effects from prescribed drug dependency and withdrawal (**IMP1**, **IMP2**).

In 2015, the APPG wrote and submitted a report, that was co-edited by Davies and drew on his research, to the British Medical Association (BMA) calling for a review of prescribed drug dependency and withdrawal in the UK. Specifically, the report drew on Davies' research findings regarding the extent of prescribed drug dependency in England (**R2**) to justify the call for support for those suffering dependency and withdrawal. After a series of round-table meetings, the BMA adopted the APPG's call for a national prescription drug helpline on October 24th 2016 to tackle prescribed drug dependence in the UK.

During these meetings it became clear that the Department of Health would not fund such services (and helpline) in the absence of up-to-date, evidence-based estimates regarding the number of long-term users (e.g. of benzodiazepines) in England. In direct response, Davies undertook research into the likely number of such users, publishing his findings in 2017 (**R5**) on the advice of Prof Parveen Kumar (Chair of the BMA's Board of Science). The research was widely covered in the media (e.g. BBC Radio 5 Live, *BBC News*, *The Guardian*, *The Telegraph*, *The Daily Mail*), with a combined potential audience of 3,132,948 reached via print media; 812,381,768 impressions through online media, with 908 public comments; 5,713,000 reached via radio, and 5,276,000 reached via television (**IMP3**). This extensive coverage substantially raised the pressure on public health officials at the Department of Health to address the problem. As the APPG Co-Chair states: '*Davies' research has significantly raised the policy profile of prescribed drugs harms in the UK, bringing essential awareness and coverage to issues that affect millions of people in Britain and beyond*' (**IMP1**).

In March 2017, the APPG met in Parliament with representatives from Public Health England (PHE) and the BMA to discuss background work on overprescribing (**R4**), to share Davies' research findings (**R5**) and to present new data on the costs of unnecessary long-term prescribing in England (for benzodiazepines £15.2m per year; for antidepressants £44m per year). The principal outcome of this meeting was an agreement that the research should be presented to Duncan Selbie, Chief Executive of PHE. Representatives from the APPG met with Selbie in September 2017, where they presented the research findings and costings data. This led to Selbie's agreement that a PHE review on prescribed drug dependence was warranted. The review was formally ratified two weeks later by the then Secretary of State for Health, Jeremy Hunt MP. The PHE review into prescribed drug dependency took two years to complete. Davies was appointed to its Expert Advisory Panel and contributed to the PHE Rapid Evidence Assessment, helping determine the review's scope, the design of its data reviews and systematic analyses, as well as the suitability and outcomes of existing service models. The final PHE report, ***Dependence and withdrawal associated with some prescribed medicines: an evidence review***, was published in September 2019 (**IMP4**); its policy recommendations to government were directly based on those called for in Davies' research (**R5**), including:

- A 24-hour national helpline and associated website to provide advice and support for those adversely affected by prescribed drug dependency and withdrawal;
- Updated clinical guidance and improved doctor training;
- Further research into the nature and severity of withdrawal and its successful treatment;
- Appropriate support from the NHS for patients, including dedicated support services.

As the Chair of the APPG states: '*Dr Davies' research findings into long-term benzodiazepine use, and the substantial media reporting that followed, played a seminal role in raising the public profile of prescribed drug dependency in the UK and convincing public health officials at PHE to undertake a government review into prescribed drug dependency.*' (**IMP2**). His comments are echoed by the Co-Chair of the APPG: '*Dr Davies' research findings regarding the number of long-term benzodiazepine users in England (as well as regarding the NHS costs incurred by unnecessary long-term prescribing of antidepressants and benzodiazepines) were crucial in launching the Public Health England review into prescribed drug dependency. [...] Without the*

research undertaken by Davies and colleagues this review and its recommendations would not have materialised' (**IMP1**). Following publication of the review, in November 2019 the current Secretary of State for Health and Social Care, Matt Hancock MP, publicly announced plans to fund a prescribed drug national helpline, including for antidepressant and benzodiazepine dependency and withdrawal (**IMP5**). In October 2020, NHS England and NHS Improvement established a prescribed medicines oversight group. This group will work closely with the APPG to oversee implementation of the NHS recommendations from the PHE review, including the aim to establish a national helpline, and to implement these recommendations by 2021/2022.

## ii. Changes to national guidelines: national clinical guidelines (NICE) and Royal College of Psychiatrists' official position

During the PHE review, it became clear that there was a significant disparity between what the NICE guidelines stated about antidepressant withdrawal and what a large percentage of patients and grassroots organisations were reporting. To test the accuracy of NICE's statement that antidepressant withdrawal was invariably mild '*resolving over about one week*', Davies undertook a comprehensive systematic review of antidepressant withdrawal (**R6**). This evidenced that national clinical guidelines (NICE) significantly underestimated the severity, duration and incidence of antidepressant withdrawal, leading to increasing long-term use and rising antidepressant prescriptions overall. Recommendations from the research called for UK national guidelines to be urgently updated to safeguard doctors against wrongly attributing withdrawal to relapse (leading to lengthening use, rising prescriptions and additional harms).

This research was sent by the APPG to NICE in October 2018. Substantial media coverage of this review (e.g. most UK newspapers, Sky News; BBC Radio 5 Live; BBC Radio 4's *All in the Mind*; **IMP3**) and the significant academic debate that ensued, provided prescribed antidepressant and benzodiazepine users with a voice and increased public and professional support for changes to be made to the guidelines. As the APPG Chair stated in *The Guardian* (2<sup>nd</sup> October 2018): '*This systematic review provides important new data on antidepressant withdrawal... suggesting that existing medical guidelines in this area should be urgently updated to reflect the fact that antidepressant withdrawal is much more common, severe and long-lasting than previously stated. Furthermore, we hope that other medical bodies will take note of this new research, and update their own guidance accordingly.*' (**IMP3**). Following the systematic review and the significant public debate that followed, NICE, after appraising the research (**IMP6**), changed its clinical guidelines in October 2019 (**IMP7**, **IMP8**), bringing them in line with Davies' research conclusions (**R6**), to assert that antidepressant withdrawal can be protracted and severe:

*'Explain that whilst the withdrawal symptoms which arise when stopping or reducing antidepressants can be mild and self-limiting, there is substantial variation in people's experience, with symptoms lasting much longer (sometimes months or more) and being more severe for some patients.'* (**IMP8**)

Alongside this work with NICE, the APPG also shared the systematic review findings (**R6**) with the President of the Royal College of Psychiatrists (RCPsych) in November 2018, recommending that the RCPsych change its official position on antidepressant withdrawal to bring it in line with the systematic review's findings and the agreed changes to the NICE guidelines. RCPsych formally changed its position on antidepressant withdrawal via publication of a new 'position statement' in May 2019 (**IMP9**).

Both the PHE and NICE initiatives affect millions of people in England alone; 7.4 million adults in England were prescribed antidepressants in 2019 (with over half taking antidepressants long-term). Approximately 300,000 people are long-term users of benzodiazepines, and therefore dependent. The relevant withdrawal support, once established, will span face-to-face and helpline provision, and assist up to 1.3 million eligible patients in the UK. As well as the profound human cost of over-prescribing, the financial cost to the NHS runs into approximately £400 million annually as a result of unnecessary prescription and consultation costs. As the APPG Chair states: '*By addressing such over-prescribing as well as revising NICE guidelines we are likely to save the government substantial sums in the coming years via mitigating the costs incurred by unnecessary*

long-term use' (IMP2). He concludes: 'Dr Davies' contribution to achieving a reduction in prescription drug dependence through a change in policy and practice, underpinned by his research findings, is a substantial achievement and a great service for those affected by prescribed drug dependency across the UK.'

Davies continues to investigate the scale of the financial costs of over-prescribing practices to the NHS in the UK. Through his ongoing contribution to the APPG, he aims to ensure his resultant research findings will inform and influence future assessments of service provisions within the NHS while also informing national de-prescribing and social-prescribing initiatives currently being developed in the NHS.

#### 5. Sources to corroborate the impact (indicative maximum of 10 references)

**IMP1** Testimonial from Co-Chair of APPG-PDD, member of the House of Lords dated 1 March 2020. Documents Davies' role co-founding the APPG, and that the research (R5) presented to Duncan Selbie led to the PHE review.

**IMP2** Testimonial from Chair of APPG-PDD, former MP for West Dorset dated 6 March 2020. Confirms seminal role of Davies and the research (R5, R6) in the PHE review and NICE guideline revisions.

**IMP3** Summary report of media activity around the underpinning research (R5, R6) 2016-2020, which produced pressure on public health officials and led to the PHE review and NICE guideline revisions. (Detailed list of media coverage with audience figures, total coverage achieved, plus copies of each piece of coverage where applicable.)

**IMP4** Public Health England *Dependence and withdrawal associated with some prescribed medicines: an evidence review* (2019). Cites R5, R6 on pages 25; 27. <https://www.gov.uk/government/publications/prescribed-medicines-review-report>

**IMP5** Health Secretary Matt Hancock's announcement of UK government commitment to implement a 24-hour helpline as a result of the PHE review: Conservatives News 'Launch a New Plan to Tackle Addiction' (28 November 2019). <https://vote.conservatives.com/news/conservatives-to-launch-new-plan-to-tackle-addiction>

**IMP6** National Institute for Care and Health Excellence response (2018) to the APPG-PDD request to update guidelines on the basis of R6. <https://www.nice.org.uk/guidance/gid-cgwave0725/documents/consultation-comments-and-responses-2>

**IMP7** British Medical Journal announcement regarding NICE guidelines update: 'NICE updates antidepressant guidelines to reflect severity and length of withdrawal symptoms' BMJ 2019; 367, 18 October 2019. Interviews Davies, and cites summary of R6 as pivotal to NICE's decision to review guidelines <https://www.bmj.com/content/367/bmj.l6103>

**IMP8** National Institute for Care and Health Excellence Clinical guidelines *Depression in adults: recognition and management [CG90]* (2019). Incorporates findings from R6. <https://www.nice.org.uk/guidance/cg90/resources/depression-in-adults-recognition-and-management-pdf-975742636741>

**IMP9** Royal College of Psychiatrists Position Statement on Antidepressants and Depression PS04/19 (May 2019). Cites R6 on page 15-16. [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps04\\_19---antidepressants-and-depression.pdf?sfvrsn=ddea9473\\_5](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps04_19---antidepressants-and-depression.pdf?sfvrsn=ddea9473_5)