

20 Greenacre Court  
Lancaster  
LA1 4LE

20<sup>th</sup> May 2010

Your Reference TO00000499504

Dear Ms East,

Thank you for your letter of 15<sup>th</sup> April about the Dept's review of addiction to prescription drugs in which you mentioned that the Dept was unable to provide more information until after the election. As we now have a new government I would like to request further information.

1. Does the Dept intend to continue the review in all the areas described in your previous correspondence? I am aware that it is not yet a public review but I would also like to know when the results, conclusions and proposals are going to be available.
2. What method will the Dept use to determine the extent of dependence on prescription drugs and what efforts has the Dept made to calculate the cost effectiveness of tranquilliser withdrawal clinics?
3. The prescribers of benzodiazepines and z-drugs have already had numerous guidelines and ignored them. Why will they take any notice of more guidelines?
4. The people who would best know what services are available to support people needing treatment for benzodiazepine dependence are those who have sought them in the past for help and those that run them. The only ones I am aware of are CITA in Liverpool, BAT in Bristol, the Bristol and District Tranquilliser Project and the specialist clinic in Oldham; that makes four. If there were any more, then people seeking help would know about them. How does the Dept intend to research this area any further?
5. What part will patient consultation play in this and could you give me details of how equality issues be addressed?
6. The current Yellow Card reporting system fails to flag up ADRs regarding withdrawal symptoms and dependency issues until patient groups become active by which time it is too late. Also, the BNF is too slow in updating information. Will this flawed system be reviewed as well? (Please do not refer to the MHRA for a description of their current processes in answering this question.)
7. The MCA (now MHRA) have been complacent and negligent regarding the licensing and monitoring of one of the most problematic benzodiazepines, Ativan. I enclose a copy of my recent letter to them. Surely patient safety will still remain at risk unless this body is disbanded and replaced by a truly independent organisation. The MCA sat on information regarding Ativan's

safety for 18 years just as they did for 12 years regarding withdrawal symptoms from Seroxat. Surely one aim of the current review should be robust drug licensing, competent monitoring and swift action regarding ADRs? This is definitely the most worrying area as you can see by the concerns raised in my letter to the MHRA. Politically, who is the MHRA accountable to for their mistakes?

8. Everything is biased against the safety of patients who, when damaged by medication, have to become active and start fighting with the very organisations that are supposed to be there for their protection. So far I have written to my GP, 14 MPs, 3 Lords, 3 PPCs, the Prime Minister, The Dof Health, the MHRA and Wyeth and Brother (now Pfizer), and I do begin to wonder having observed others doing the same over a 30 year period whether it is really worth it. A quote by Edmund Burke seems to sum it up - "All that is necessary for the triumph of evil is that good men do nothing." What are the Dept's objectives regarding drug safety in licensing and monitoring?
9. There were obviously no quality long-term clinical trials carried out to justify the licensing of Ativan and all subsequent warning signs regarding dependency and withdrawal symptoms were either ignored by the MHRA and the Dept. or not addressed properly with true intention or application. It is only now that a fuller review is taking place. What has the Dept. learned by these experiences?
10. I believe in 2007 there were still 850,000 prescriptions for lorazepam; were these for 2-4 weeks only and why are GPs still prescribing the most problematic benzodiazepine in 2007 after all the guidelines advising them to use benzodiazepines as a last resort only, especially lorazepam? I think you will find they are required because of dependence not necessity.
11. Will the Dept. make it mandatory for prescribers to read the Ashton Manual and NHS clinical knowledge summaries before prescribing benzodiazepines and z-drugs to avoid future dependence and ensure properly managed withdrawals?

Thank you for your continuing help in this matter,

Yours sincerely

John Perrott