

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

The Department of Health and Social Care in England has asked NICE to develop a clinical guideline on safe prescribing and withdrawal management of prescribed medicines associated with dependence or withdrawal.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for safe prescribing and withdrawal management of prescribed medicines associated with dependence or withdrawal symptoms.

1 Why the guideline is needed

Key facts and figures

In the UK, 11.5 million adults received a prescription for a medicine associated with dependence or withdrawal symptoms during 2017 to 2018. These include benzodiazepines, Z-drugs such as zopiclone, opioids, gabapentin and pregabalin. Antidepressant medicines, although historically not classified as dependence-forming medicines, can cause withdrawal symptoms when they are stopped.

A number of medicines are associated with withdrawal symptoms. This guideline will focus on medicines that are usually used for conditions that are chronic, complex and difficult to treat, such as anxiety and insomnia, pain including neuropathic pain, depression and generalised anxiety disorder. Although these medicines can provide long-term symptom management for a proportion of people taking them, they do not work for everyone and often

reduce rather than completely relieve symptoms. In addition, they have adverse effects on the central nervous system that can outweigh their benefits. Despite this, they may continue to be prescribed for various reasons including concerns about the risk of unpleasant withdrawal symptoms.

Dependence is characterised by tolerance (the need for increasing doses to maintain the same effect) and withdrawal symptoms if the dose is reduced or the medicine is stopped abruptly. Addiction also features tolerance and withdrawal, but has the additional characteristics of craving, lack of control, over use and continued use despite harm. There is considerable debate in relation to these definitions and in practice the terms are often used interchangeably. In this guideline, we will use the term dependence.

Data from the National Drug Treatment Monitoring System suggest that 5% of people presenting to publicly funded addiction services in England describe their dependence as being partly or wholly on prescribed medicines. These services are currently targeted at non-prescription drug use, so this is likely to be a significant underestimation.

Current practice

Prescriptions for antidepressants and gabapentinoids continue to increase. Opioid prescribing began to fall during 2017 and 2018 after a sustained rise between 2006 and 2016. Prescriptions for Z-drugs have fallen modestly since 2014. Overall benzodiazepine prescribing decreased steadily between 2007 and 2017, although lorazepam prescribing increased.

There is wide geographic variation in the prescribing of medicines associated with dependence or withdrawal symptoms. The highest number of prescriptions occur in the north east of England, and the lowest in London. Some clinical commissioning groups are identifying and supporting people with a dependence on prescription medicines as part of medicines optimisation.

People with a dependence on prescription medicines may be reluctant to attend addiction services or seek help from their healthcare professionals

because of a perceived association with illegal drug use or alcohol dependence.

Professional and policy bodies have issued guidelines on the clinical use of medicines associated with dependence or withdrawal symptoms. However, there are few guidelines that focus on avoiding dependence and managing withdrawal. This guideline aims to meet the need for evidence-based advice in these areas.

2 Who the guideline is for

This guideline is for:

- healthcare professionals who prescribe and administer medicines associated with dependence or withdrawal symptoms, or who provide care for people taking or stopping these medicines
- commissioners of NHS and local authority services
- people using services, their families and carers and the public.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment lists equality issues identified, and how they have been addressed.

3 What the guideline will cover

3.1 *Who is the focus?*

Groups that will be covered

- Adults (aged 18 years and over) taking prescribed medicines¹ that are associated with dependence or withdrawal symptoms (opioids, benzodiazepines, Z-drugs, gabapentinoids and antidepressants) and their families and carers.

No specific subgroups of people have been identified as needing specific consideration.

Groups that will not be covered

- People taking opioids prescribed for acute pain, cancer pain or at the end of life.

3.2 *Settings*

Settings that will be covered

All settings within which NHS or local authority commissioned care is provided.

3.3 *Activities, services or aspects of care*

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Safe prescribing of medicines associated with dependence or withdrawal symptoms.
 - Risk factors for dependence on prescribed medicines or for withdrawal symptoms after stopping them.

¹ Some formulations of these medicines may be available to buy over the counter or online.

- Optimum prescribing strategies to limit the risk of dependence or withdrawal symptoms.
- 2 Monitoring to identify and minimise the risk of dependence and recognise symptoms of withdrawal.
- 3 Methods for safe withdrawal of prescribed² medicines associated with dependence or withdrawal symptoms.
- 4 Information for people being offered, taking, or stopping prescribed medicines associated with dependence or withdrawal symptoms.

Areas that will not be covered

- 1 Managing medicines or drugs that have been obtained illicitly.
- 2 Managing medicines prescribed in specialist settings for specific conditions, such as antipsychotic medicines or gabapentinoids for epilepsy.
- 3 Therapeutic efficacy and adverse events (other than dependence and withdrawal symptoms) of the included medicines when used to treat specific conditions. For guidance on these topics see 'Related NICE guidance'.

Related NICE guidance

Published

- [Drug misuse prevention: targeted interventions](#) (2017) NICE guideline NG64
- [Controlled drugs: safe use and management](#) (2016) NICE guideline NG46
- [Neuropathic pain in adults](#) (2013) NICE guideline 173
- [Headaches in over 12s: diagnosis and management](#) (2012, updated 2015) NICE guideline CG150
- [Palliative care for adults: strong opioids for pain relief](#) (2012, updated 2016) NICE guideline CG140

² Some formulations of these medicines may be available to buy over the counter or online.

- [Coexisting severe mental illness \(psychosis\) and substance misuse: assessment and management in healthcare settings](#) (2011) NICE guideline CG120
- [Generalised anxiety disorder and panic disorder in adults: management](#) (2011, updated 2019) NICE guideline CG113
- [Self-harm in over 8s: long term management](#) (2011) NICE guideline CG133
- [Depression in adults with a chronic physical health problem: recognition and management](#) (2009) NICE guideline CG91
- [Depression in adults: recognition and management](#) (2009) NICE guideline CG90
- [Drug misuse in over 16s: opioid detoxification](#) (2007) NICE guideline CG52
- [Naltrexone for the management of opioid dependence](#) (2007) NICE technology appraisal guidance TA115
- [Methadone and buprenorphine for the management of opioid dependence](#) (2007) NICE technology appraisal guidance TA114
- [Obsessive–compulsive disorder and body dysmorphic disorder: treatment](#) (2005) NICE clinical guideline CG31
- [Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia](#) (2004) NICE technology appraisal guidance TA77

In development

- [Depression in adults: treatment and management](#). NICE guideline. Publication expected February 2020
- [Chronic pain: assessment and management](#). NICE guideline. Publication expected August 2020

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to safe prescribing and withdrawal management of prescribed medicines associated with dependence or withdrawal.

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

3.4 Economic aspects

We will take economics into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether the area should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective. In sensitivity analyses, we will seek to include broader public sector costs, if applicable.

3.5 Key issues and draft questions

While writing this scope, we have identified the following key issues and draft questions related to them:

- 1 Safe prescribing of medicines associated with dependence or withdrawal symptoms
 - 1.1 What are the risk factors (both patient and prescribing factors) for dependence on prescribed opioids, benzodiazepines, Z-drugs or gabapentinoids, and withdrawal symptoms from these medicines and antidepressants?
 - 1.2 What are the optimum prescribing strategies to limit the risk of dependence or withdrawal symptoms?
- 2 Monitoring to identify and minimise the risk of dependence and recognise symptoms of withdrawal
 - 2.1 What is the optimal frequency of review of prescribed medicines associated with dependence or withdrawal symptoms?
 - 2.2 What should be included in a review of prescribed medicines associated with dependence or withdrawal symptoms?

- 2.3 What are the common symptoms associated with withdrawal of these medicines?
- 3 Methods for safe withdrawal of prescribed medicines associated with dependence or withdrawal symptoms
- 3.1 What are the most clinically and cost-effective pharmacological and non-pharmacological strategies, for example tapered withdrawal or education and support, for the safe withdrawal of prescribed medicines associated with dependence or withdrawal symptoms?
- 4 Information for people being offered, taking, or stopping prescribed medicines associated with dependence or withdrawal symptoms
- 4.1 What information is needed by people who may develop dependence, or who have developed dependence or withdrawal symptoms and their families or carers (for example information about the possible risk of dependence or withdrawal symptoms) related to prescribed medicines?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- health-related quality of life
- cessation or reduction of prescriptions for medicines associated with dependence or withdrawal symptoms
- patient satisfaction
- mortality
- healthcare resource use
- dependence.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that will use this guideline as an evidence source when they are being developed

- Safe prescribing and withdrawal management of prescribed medicines associated with dependence and withdrawal symptoms. NICE quality standard. Publication date to be confirmed.

4.2 NICE Pathways

[NICE Pathways](#) bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on medicines associated with dependence or withdrawal symptoms (in development).

Other relevant guidance will also be added or linked to, including:

Published

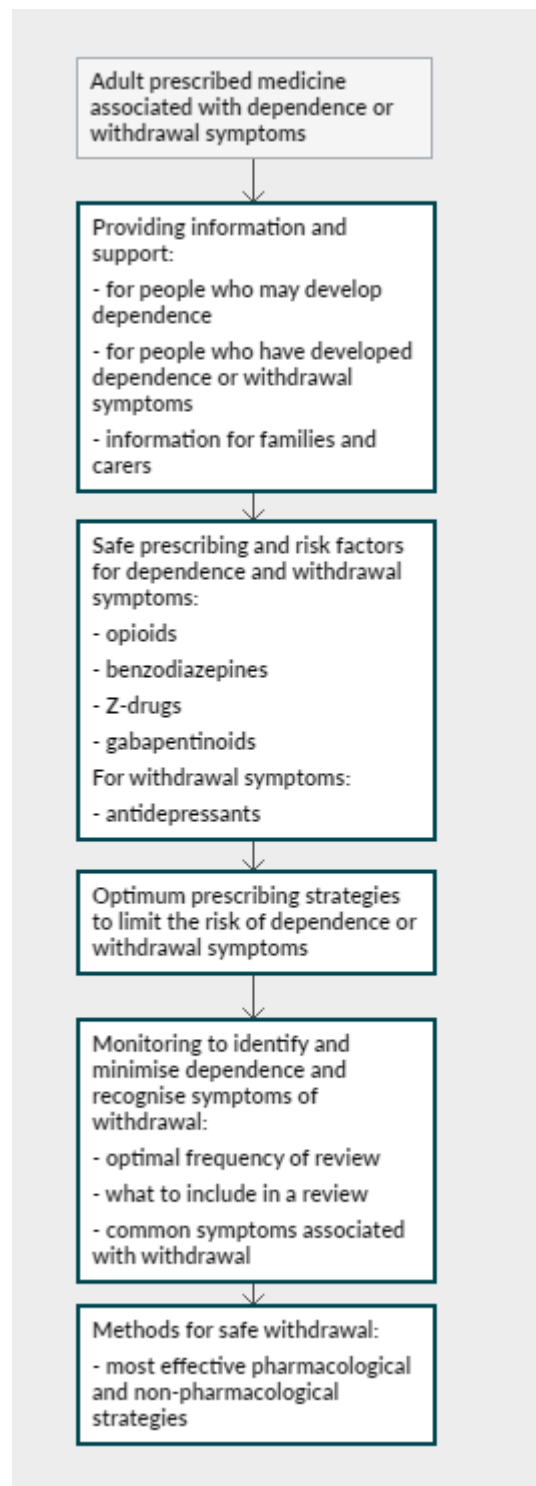
- [Controlled drugs: safe use and management](#) (2016) NICE guideline NG46
- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Neuropathic pain in adults](#) (2013) NICE guideline 173
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In development

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An outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.



5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in November 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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