



Beyond Pills All-Party Parliamentary Group

Inaugural Meeting Minutes 19th November 2024

Parliamentarians present:

Dr Simon Opher MP, (SO)	Chair	Lord Crisp, (NC)	Co-chair
Danny Kruger MP, (DK)	Co-chair	Sadik Al-Hassan MP, (SAH)	Officer
Lewis Atkinson MP	Member	Dr Beccy Cooper MP	Member
Baroness Hollins, (SH)	Member	Josh Fenton-Glynn MP	Member
Baroness Finlay of Llandaff, (IF)	Member	Lord Patel of Bradford, (KP)	Member
Sufyan Ahmed	PA to SO		

Secretariat (Beyond Pills Alliance):

Dr Anne Guy, (AG)	Coordinator	Dr James Davies, (JD)
Luke Montagu, (LM)		Sarah Stacey, (SS)

External guests:

Dr Michael Dixon CVO OBE Expert Advisor

Item	Description	Who	By When								
1	<p>Inaugural meeting business:</p> <p>1.1 <u>Election of officers</u> – the following were proposed, seconded and elected:</p> <table> <tr> <td>Dr Simon Opher MP</td> <td>Chair</td> </tr> <tr> <td>Lord Crisp</td> <td>Co-chair</td> </tr> <tr> <td>Danny Kruger MP</td> <td>Co-chair</td> </tr> <tr> <td>Sadik Al-Hassan MP</td> <td>Officer</td> </tr> </table> <p>1.2 <u>Appointment of secretariat</u> The Beyond Pills Alliance was appointed as the secretariat to the group with AG taking the role of co-ordinator.</p> <p>1.3 <u>List of members</u> The secretariat co-ordinator confirmed that 20+ parliamentarians have asked to be members of the group and that a list will be added to the website in due course.</p> <p>1.4 <u>The name and mission</u> of the group were approved as: The Beyond Pills APPG - Working to reduce overprescribing and prescribed drug harms</p> <p>“To move UK healthcare beyond an over-reliance on pills by combining social prescribing, lifestyle medicine, psychosocial interventions and safe deprescribing. As well as reducing unnecessary and inappropriate prescribing, this integrated approach will improve outcomes and reduce health inequalities”</p>	Dr Simon Opher MP	Chair	Lord Crisp	Co-chair	Danny Kruger MP	Co-chair	Sadik Al-Hassan MP	Officer		
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	<p><u>The objectives</u> of the group were agreed as:</p> <ol style="list-style-type: none"> 1. In line with UN and WHO guidance, to campaign for de-medicalised and community centred responses to emotional distress to improve outcomes and reduce health inequalities caused by over-medicalisation and unnecessary prescribing 2. To promote the funding and local delivery of integrated services to prevent and reduce dependence on prescribed drugs 3. To communicate to policymakers the latest evidence of the harms associated with an over-reliance on medicines, supported by appropriate research and analysis 4. To lobby for the funding and delivery of a national, prescribed drug withdrawal helpline and website 5. To promote relevant changes to undergraduate and postgraduate training, and to CPD for relevant health professionals. <p>The secretariat coordinator (AG) was requested to complete the registration for the chair (SO) to submit within 28 days.</p> <p>It was also agreed on the suggestion of SH that the group keep in touch with the Mental Health Bill as it proceeds through parliament to as an expression of the group's views might be appropriate. The secretariat were requested to organise a follow up meeting and to shape some suggestions around this.</p> <p>1.5 The following expert advisors were appointed to the group:</p> <table border="0"> <tr> <td>Dr Michael Dixon</td> <td>Social prescribing</td> </tr> <tr> <td>Dr Mark Horowitz</td> <td>Deprescribing</td> </tr> <tr> <td>Dr Jane Quinlan</td> <td>Prescribed opioids</td> </tr> <tr> <td>Prof Sir Sam Everington</td> <td>Social prescribing</td> </tr> <tr> <td>Sir Alex Allan</td> <td>Ethics / patient complaints processes</td> </tr> <tr> <td>Dr Keith Ridge</td> <td>National Overprescribing Review</td> </tr> <tr> <td>Prof Daisy Fancourt</td> <td>The effects of social connections and behaviours on health</td> </tr> </table>	Dr Michael Dixon	Social prescribing	Dr Mark Horowitz	Deprescribing	Dr Jane Quinlan	Prescribed opioids	Prof Sir Sam Everington	Social prescribing	Sir Alex Allan	Ethics / patient complaints processes	Dr Keith Ridge	National Overprescribing Review	Prof Daisy Fancourt	The effects of social connections and behaviours on health	<p>AG /SO</p> <p>Sec</p>	<p>By 17/12</p> <p>31/12</p>
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<p>2.</p>	<p>Group Finances</p> <p>The group agreed to keep expenditure below the £1500 limit over which additional governance is triggered. Such expenses will be met out of pocket by secretariat members on a voluntary basis. Should the group wish to exceed this sum this decision would need to be revisited collectively.</p>																
<p>3.</p>	<p>NHS Project - Optimising care for adults prescribed medicine associated with dependence or withdrawal symptoms</p> <p>To reiterate the ongoing urgent need for services, LM read a statement by Baylissa Frederick who has worked to support people going through withdrawal from prescribed psychiatric for many</p>																

	<p>years, which is appended to these minutes and concludes with the summary that:</p> <p><i>“This is a humanitarian crisis that requires immediate and decisive action. We need informed doctors, accessible withdrawal support services, and regulatory measures to protect vulnerable individuals from predatory practices. Above all, we need to ensure that no one feels so lost or unsupported that they believe there is no way out.”</i></p> <p>AG outlined the current project to help ICBs implement the 2022 ‘Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards (ICBs) and primary care’, and the Medicines Optimisation Opportunity in the National programme for 2023/24: ‘Addressing inappropriate antidepressant prescribing’.</p> <p>AG and Mark Horowitz (both representing the Lived and professional Experience Advisory Panel for Prescribed Drug Dependence (LEAP for PDD)) have been working with Professor Tony Avery, the National Clinical Director for Prescribing, as part of a project to create sufficiently detailed resources to enable ICBs to implement a safer (hyperbolic) approach to deprescribing antidepressants in primary care.</p> <p>The project has secured interest from a number of ICBs to implement the new approach but needs a small amount of funds to proceed (approx. £250K).</p> <p>SAH suggested AG might connect with Richard Brown, of the Avon Local Pharmaceutical Committee (LPC) in respect of his experience with a successful incentive programme.</p> <p>SO suggested a summary of the project should be circulated to group members to enable coms with relevant ministers.</p> <p>IF emphasised the need to ensure GPs have access to alternative ways of managing crises, often the moment when a prescription path is commenced. AG will take this feedback into the project.</p>	<p>AG</p> <p>Sec</p> <p>AG</p>	<p>31/12</p> <p>22/11</p> <p>Q1 25</p>
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4	<p>Over-diagnosis and Treatment of ADHD</p> <p>The report published in May by the previous Beyond Pills APPG, Shifting the Balance Towards Social Interventions: A Call for an Overhaul of the Mental Health System, contained several recommendations. It is recognised that one way to bring the issue to life is to pick an example of over-medicalisation, diagnosis and treatment to consider in more detail. Dr James Davies has circulated a background note on these problems as they potentially relate to ‘Attention Deficit Hyperactivity Disorder’, or ADHD.</p> <p>It was agreed that the APPG would contact the NHS ADHD Taskforce being co-chaired by Professor Anita Thapar and Joanna Killian, set up to “look at ways of improving ADHD pathways and patient experience as well as making recommendations for reform”.</p> <p>It was also agreed that the secretariat should investigate the possibility of bringing relevant experts together for a dedicated APPG event on the subject next year.</p>	SO / Sec Sec	31/12 TBC
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Update on the Prescribed Drug Dependence Situation in the UK

The current situation regarding prescribed drug dependence in the UK remains deeply concerning. Every day, I, alongside others who provide both paid and unpaid support, am contacted by individuals in severe distress, desperately seeking help. These individuals, already vulnerable and struggling to cope with debilitating withdrawal symptoms, continue to turn to online support groups and forums, feeling unseen and unsupported by the doctors/surgeries that prescribed them these drugs in the first place.

The lack of dedicated services for those in withdrawal is having profound and far-reaching repercussions. In this void, unlicensed and unqualified “professionals” are taking advantage of the growing number of suffering individuals. These opportunists are offering unproven remedies and harmful advice, often at significant financial cost to the most vulnerable. Many have spent thousands of pounds chasing answers and solutions that ultimately compound their distress.

The most tragic consequence of this lack of support is the rising number of people we lose to suicide. The absence of a dedicated 24-hour helpline - especially for those grappling with despair and suicidal thoughts - is deeply troubling. As the problem grows, we continue to lose key support charities in the UK, with the closure of the Bristol and District Tranquilliser Project being particularly devastating. This leaves an ever-growing gap in the provision of support for those in need.

Over the past two decades, I have spent my mornings from Monday to Saturday supporting individuals in crisis, whose suicidal ideation has been activated by the overwhelming symptoms of withdrawal. Without charging a fee, I have them check in with me daily to say they will keep going for another 24 hours. On Sundays, they send me a text. I involve their families in this process and maintain the option to involve emergency services if necessary.

While this work saves lives, it underscores the critical need for systemic solutions - including the urgent establishment of a dedicated 24-hour helpline - to prevent such crises and provide immediate, accessible support.

The lack of informed and supportive medical professionals in the UK further exacerbates the suffering. Patients are routinely told by their doctors that their symptoms are unrelated to withdrawal and are instead subjected to a barrage of unnecessary diagnostic tests. This approach stems from the unwillingness of many medics to become informed and to acknowledge the impact of withdrawal, despite clear guidance in the *NICE Clinical Guidelines*. The cost to the NHS of these unnecessary tests, as well as inappropriate treatments based on misdiagnoses, is significant and avoidable. Adhering to established guidelines and educating medical professionals would not only improve patient outcomes but also reduce the burden on NHS resources.

It is also alarming that reputable resources such as *The Ashton Manual*, *The Maudsley Prescribing Guidelines*, and the *Guidance for Psychological Therapists* (for counsellors and therapists working with this client group), which provide clear and evidence-based guidance on withdrawal, deprescribing, and psychological support, continue to be ignored. This ignorance contributes to the ongoing suffering of patients and perpetuates a cycle of mismanagement and despair.

For decades now, little progress has been made, and the suffering continues. Witnessing this underworld of despair, where individuals feel abandoned and invisible, is profoundly saddening. As the demand for support grows, the current inaction becomes more impacting and unsustainable.

This is a humanitarian crisis that requires immediate and decisive action. We need informed doctors, accessible withdrawal support services, and regulatory measures to protect vulnerable individuals from predatory practices. Above all, we need to ensure that no one feels so lost or unsupported that they believe there is no way out.

I hope with all my heart that this situation will finally receive the attention and resources it so urgently requires. Those who are suffering cannot afford to wait any longer.

Baylissa Frederick
Therapist & Author