

PE1651/Q

Petitioner submission of 1 September 2017

Thank you for the opportunity to respond to the new submissions sought by the Petitions Committee following their meeting on 29 June 2017. : **Samaritans, APPG-PDD, Scottish Government, BMA and SAMH.**

Samaritans (PE01651/L)

We are well aware of the enormously important service provided by Samaritans. Petitioners have individually called on, and experienced, highly valued 24/7 support by volunteer Samaritans. We believe that many people who contact Samaritans may not be aware that the terrible feelings they are experiencing may indeed be a consequence of medication they are taking (or have taken) as prescribed. We also believe that Samaritans are carrying a very heavy load due to unrecognised medication problems, not acknowledged by the medical profession. Adverse effects of medications include Akathisia¹ which is fairly common and many not be recognised as a medication effect. Akathisia is an intensely unbearable mind and body agitation which can result in suicide.

Please can we highlight the work of AntiDepAware², looking at the evidence (since 2003) of links between medications and suicides in England and Wales. There seems to be very significant relevance to another Petition currently under consideration by the Petitions Committee: **PE01604 'Calling for inquests for all deaths by suicide in Scotland – and to include suicides by patients who were released from hospital or receiving care in the community under Compulsory Treatment Orders'**. The issue of medication effects is very likely to be relevant here too.

We note that the new submission from Scottish Government (PE1651/N) does not include the new figures³ showing an 8% **rise** in suicides in Scotland in the past year (over the previous year). Samaritans has recently commented on this⁴ and on the Scottish Government's 10 year strategy⁵.

All-Party Parliamentary Group (PE1651/M)

We thank the All Party Parliamentary Group for support for our Petition. In particular we draw attention to the statement that existing drug and alcohol services do not have necessary skills or expertise to cope with this cohort of patients – and that GPs and psychiatrists are often unaware of the severity and duration of withdrawal symptoms.

Scottish Government (PE1651/N)

The Scottish Government states confidently that the rise in antidepressant prescribing is a result of 'reduction in stigma attached to mental health, better diagnosis and treatment of depression by GPs, and reflects the sustained rise in demand for mental health services across Scotland'. There seems to be an assumption that 'mental health' is a 'bad thing'! Surely there is a normal continuum of 'mental health'. No stigma in being human. Evidence is becoming increasingly clear that the risks of antidepressants outweigh the benefits, especially over the long term. Many people are now taking antidepressants over

¹ <https://www.ncbi.nlm.nih.gov/pubmed/24262159>

² <http://antidepaware.co.uk/>

³ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/suicides/main-points>

⁴ <https://www.samaritans.org/news/samaritans-scotland-calls-whole-government-approach-suicide-prevention-rates-rise>

⁵ <https://www.samaritans.org/news/scottish-mental-health-partnership-responds-10-year-mental-health-strategy>

the long term because they have not been supported to 'come off' them safely. Figures are quoted to indicate reduction in suicide rates. Unfortunately, the figures released recently cast some doubt, there having been an 8% **rise** in suicides in the past year (see also comments under Samaritans section).

The references to the Scottish Intercollegiate Guidelines Network (SIGN) guidelines are relevant. The SIGN guidelines clearly recommend initial alternatives to antidepressants in all but the most severe cases of depression. Alternatives are currently mostly not available at the time when most needed i.e. at the time the patient visits their GP suffering typical symptoms of human distress (insomnia, anxiety, depression, panic etc.). Waiting times for availability of non-pharmacological treatment make a mockery of the application of this existing SIGN guidance. We then have the statement 'prescribing decisions in individual cases are always the responsibility of practitioners in consultation with loved-ones and other practitioners involved'. This also rings hollow: in reality most GPs have no available alternatives to offer; furthermore there is no time (or apparent necessity?) for 'consultation with loved-ones' (as evidenced in the case of **PE01627: Consent for mental health treatment for people under 18yrs of age**).

The Scottish Government here, yet again, recommends that 'if a patient is having problems with their prescribed medication they should in the first instance go to the prescriber, or GP for help'. This is the whole thrust of our petition. The GP prescribers are being held 'responsible' by everyone – but are working from a system where they are not adequately educated, resourced or supported. They are left only with medications to prescribe – and the medications are causing harm to their patients. The existing provision (NHS 24 and substance misuse services etc.) is completely inadequate and inappropriate. The risks of benzodiazepines have been (very belatedly) recognised but our own evidence shows that the current guidelines are still widely flouted and benzodiazepines regularly prescribed 'off-label'. Doctors do not have expertise, knowledge or training to support people to safely withdraw from benzodiazepines which have been taken as prescribed. At the same time doctors are noticeably reluctant to suggest withdrawal from prescribed antidepressants and are seemingly unable to support people to safely withdraw.

The document 'Key use of Antidepressants in Scotland' is based on an important underlying assumption that antidepressants are 'safe and effective' and remain so over the long term. The actual patient experience examples made available to the Scottish Petition Committee are evidence of very different outcomes, which we know to be widespread. **We refer to all submissions PE1651/A through to PE1651/K inclusive.**

The new 10 year mental health strategy has one hopeful thread – the introduction of Links Workers with the promise of availability of appropriate fast effective (hopefully non-drug) help for people in crisis. The recent news about the lack of counselling in Scottish Schools and the soaring rates of antidepressant prescribed for under-18s seems very concerning. To quote Peter Kinderman, immediate past president of the British Psychological Society "I believe that mental health services should be based on the premise that the origins of distress are largely social. The guiding idea underpinning mental health services needs to change from an assumption that our role is to treat 'disease' to an appreciation that our role is to help and support people who are distressed as a result of their life circumstances".

It needs to be openly recognised that side effects, tolerance effects and withdrawal effects of antidepressants and benzodiazepines can be devastating for people's lives and

relationships. Common side effects include fatigue, weight gain, sexual problems, diminished empathy and suicidality⁶. These clearly impact every aspect of people's lives and ruin relationships and self-esteem, as well as contributing to conditions such as obesity and diabetes. There is a growing issue of people living with various long-term conditions and 'medically unexplained physical/functional symptoms' (MUS) resulting in rising disability in Scotland⁷. Is this the evidence of long-term neurological systemic harm sustained as a consequence of taking these medicines 'as prescribed? There is certainly a striking overlap in the symptoms, as previously indicated per diagram in our own submission **PE01651/J**.

BMA (PE1651/O)

The petition requests Scottish Government support for the BMA's proposals. The correspondence provided here by the BMA includes a reply by Scottish Government from June 2016. In this the Scottish Government recognises this 'important health issue' but does not entertain the BMA recommendation of a bespoke helpline, citing funding reasons. Once again the onus is shifted (by Scottish Government) onto prescribing clinicians 'prescribing responsibly' and regularly reviewing patients.

SAMH (PE01651/P)

SAMH is broadly supportive of the petition and acknowledges that there are issues that need to be addressed and that the 'side-effects of medicines for mental ill-health can be severe and distressing', as detailed in their own research entitled 'What's the Script?' They are also calling for prescribers to follow existing guidance: involving people in prescribing choices; regular reviews; providing people with clear information about their medication and any side effects; side-effects recognised and reported to Medicines and Healthcare products Regulatory Agency (MHRA).

General Update PE01651

Dr Des Spence, GP in Glasgow, has written in August 2017 issue British Journal of General Practice (BJGP) 'Bad Medicine: The Medical Untouchables' in support of our petition. (See also published e-letters relating to the main article). <http://bjgp.org/content/67/661/363>

A similar petition has been launched in Wales, calling on the "National Assembly for Wales to urge the Welsh Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal." <https://www.assembly.wales/en/gethome/e-petitions/Pages/petitiondetail.aspx?PetitionID=1235>

We have assisted the BMA with a survey collecting actual patient experience of existing NHS services as they pertain to prescribed drug dependence and withdrawal. We have also written published responses to relevant articles (MUS etc.) in BMJ and BJGP.

There have been several medical journal articles in 2017, especially written for GP readership, about how to 'manage' patients with 'medically unexplained physical symptoms' (MUS and MUPS).

⁶ [http://www.psy-journal.com/article/S0165-1781\(17\)30537-1/fulltext](http://www.psy-journal.com/article/S0165-1781(17)30537-1/fulltext)

⁷ SSPC – GP Briefing paper 4 (MUS) http://www.sspc.ac.uk/media/media_484730_en.pdf

Fiona French (PE1651/H) has direct personal patient experience of being 'managed' in this way and her letter to the editor of British Journal of General Practice has been very recently published in the print version of the September BJGP issue. (<http://bjgp.org/content/67/662/398.2>). The letter is self-explanatory and illustrates how people who have suffered harm by prescribed medicines are being 'treated'/'managed') by their doctors.

We attended the Chief Medical Officer Scotland Realistic Medicine conference on 24 August 2017 which was themed around improving communication between all parties and 'listening to patients'. The speakers championed honesty around adverse events and the principles of the Duty of Candour. There was a relevant workshop about SIGN guidelines and mention of 'patient-centred outcome measures' and patient surveys. There was also a lot of discussion on the problems of 'long-term conditions', dementia and work with Alliance (such as 'House of Care'). As our petition shows, these long-term conditions may indeed be caused or exacerbated by over-use of prescribed antidepressants and benzodiazepines. We call on the Scottish Government to put their stated Realistic Medicine commitments into practice.