

**PE1651/ZZZZZZ**

Dr Terry Lynch submission of 26 April 2018

Having watched the recording of your meeting today, I again highly commend your work and the integrity with which you are progressing your way through this petition.

I write to you now – my third communication to you – particularly in relation to your decision to consult with GPs in Scotland regarding their experience of the problem of drug dependence. This is an understandable and reasonable step.

I would however suggest the following caveat(s). I write this as a fully registered member of the medical profession for 35 years, 10 of which were as a full-time GP, 17 as a mental health specialist.

As you are now aware – having read through the many submissions you have received from members of the public – denial, dismissal and minimisation of people's drug dependence problems by medical prescribers – the majority of whom are GPs – has been a recurring experience of the majority of those who made submissions. As I stated in my (first) submission, in relation to prescribed drug dependence, prescribing doctors have for over 30 years been a major part of the **problem**, and they therefore have considerable "skin in the game".

It tends to be a risky practice to depend to a large extent on the words of people/groups who have contributed significantly to a **problem** for advice regarding (a) the **extent of the problem**, and (b) **solutions**. I really don't mean to be facetious, but the adage "turkeys wouldn't generally be inclined to vote for Christmas" comes to my mind.

It is a regrettable fact that the prescribers of so-called "antidepressants" have collectively for 30 years been largely in denial regarding the dependence potential of these substances. This applies to the majority of GPs, as it does to the majority of psychiatrists. Having denied/played down prescribed drug dependence for decades, do not be surprised if the responses you receive from GPs in Scotland paints a different picture to that painted in the many submissions you have received from people at the receiving end of these substances, people who have no vested interest in anything other than expressing their truth and their desire to be listened to and responded to appropriately and with respect. In such a scenario, I would believe the authors of the submissions rather than the medical profession. I would also consider it likely that the responses you are likely to receive from GPs will not refer to the fact that in the not-so-distant past (20-40 years ago), the vast majority of prescribing doctors denied the drug dependency potential of benzodiazepines as vehemently as they are now doing with SSRI antidepressants – until the arrival of the SSRI antidepressants.

The arrival of the SSRI antidepressants in the late 1980s was greeted with great relief by the majority of my medical colleagues. As a young doctor at that time, I remember it well. Prescribing doctors now had a "good drug-bad drug" opportunity: benzodiazepines are bad, and antidepressants are good. Having nailed their colours to this mast, expect responses you might receive from GPs – other than the likes of Dr. Des Spence, whose words you can trust – to mirror this good drug-bad drug scenario. I would predict that the majority of the responses you get from GPs will declare benzodiazepines as dependency-forming etc etc, but not so the

antidepressants. This is simply *not* correct, but it is a stance that remains extremely important to the beliefs and credibility of prescribing GPs and psychiatrists. Therefore, you can expect the GPs you hear from to maintain a position in line with this – protecting the SSRIs and thereby protecting themselves.

If GPs – and psychiatrists – were now to admit that SSRIs are drugs that cause dependency, how do they then explain their repeated and vociferous denial of this for the past 30 years and the potential damage to hundreds of thousands of people in the UK alone? This is an example of what I mean by “skin on the game”. Respectfully, as a group, I suggest that you need to be aware of the likelihood that, for reasons described above, the responses you receive from Scottish GPs may not be anywhere near as objective as they might seem at first glance.

For your information, I am not new to this issue. In 2002, having read the patient information leaflet of Seroxat, then a blockbuster antidepressant, I made a formal complaint to the Irish Medicines Board regarding the words on the leaflet, “Remember, you cannot become addicted to Seroxat”. I knew this to be a false statement, because through my research – and that was 16 years ago – I knew that SSRI antidepressants had never even been tested for drug dependence potential, a shocking oversight given the benzodiazepine debacle that was at a peak at that time. The Irish Medicines Board responded, informing me that the company had been advised to remove this wording from the leaflet. Such has been the degree of denial of drug dependence – and at times, the arrogance with which such unequivocal pronouncements have been made – associated with SSRI substances since their launch in the late 1980s.

For more than two decades now, I have observed an eerie similarity between the benzodiazepine debacle and the unfolding SSRI debacle. Today I saw another example of this. In today’s meeting, the Convenor noted that this petition had received more submissions than had any other topic/petition in her time in this position. Broadcaster Esther Rantzen has in the past made a similar observation. In 1980, Esther Rantzen’s “That’s Life” programme touched on dependency problems with benzodiazepines. The public response to this program was overwhelming; Esther Rantzen subsequently stated issues of withdrawing from Valium provoked the biggest response in that programme’s 21-year history. <sup>1</sup> Esther Rantzen said:

“We were absolutely astonished after we mentioned that problem in one programme that we were deluged with response from our audience, and we suddenly thought this is happening to thousands of people, and this was with harmless prescribed drugs, things that had become household names, Valium, Mogadon.” <sup>2</sup>

Note Esther Rantzen’s referral to Valium and Mogadon as “harmless prescribed drugs” – which was what they were then – and SSRIs now are – asserted to be by their enthusiastic prescribers.

Twenty-one years later, expressing her surprise regarding how little meaningful progress had been made on this issue, Esther Rantzen said, “How can a serious problem like this, which was revealed to millions of people and the professionals 20 years ago, how can it still be going on?” <sup>3</sup> This is a direct replica of what is currently happening in relation to SSRI “antidepressant” substances.

When it comes to denying/minimising the extent of prescribed drug dependence, in your consideration of the responses of Scottish prescribing doctors

of these substances, please bear in mind that the medical profession has form regarding the denial/minimisation of prescribed drug dependence.

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<sup>1</sup> Action on Britain's Epidemic of Pill Addiction, The Independent, 31 October 2009

<sup>2</sup> <https://benzo.org.uk/pantrans.htm>

<sup>3</sup> <https://benzo.org.uk/pantrans.htm>