

## **PE1651/KK**

Baylissa Frederick submission of 5 January 2018

I am a BACP registered counsellor who specialises in prescription drug withdrawal, the author of 'Recovery & Renewal' - an internationally successful self-help book on coping with benzodiazepine, z-drug and antidepressant withdrawal, and founder of the 'Recovery Road' and 'Bloom in Wellness' Projects which offer support to those affected by prescription drug withdrawal.

### **Background**

In 1998 I was prescribed a benzodiazepine for a neurological disorder (dystonia). I endured a lengthy, disabling and most traumatic withdrawal experience when discontinuing the drug, which rendered me housebound, bankrupt and dependent on state benefits. I subsequently recovered and have since focused on work in this area. I have delivered presentations on the subject to the British Medical Association, the Royal College of Psychiatrists, Members of Parliament and the Department of Health, and keynote speeches and interviews to organisations and the media including being featured in 'The Times' and 'The Independent' newspapers. My book has reached more than 15,000 readers (copies sold) and for the past twelve years I have supported more than 9,000 people affected by benzodiazepine, z-drug and antidepressant iatrogenic dependence and withdrawal, a significant number of whom reside in Scotland.

### **Prescription Drug Epidemic**

I am writing in support of petition reference number PEO1651 and I do so with deep concern about the existing prescription drug epidemic that has created devastation and has resulted in an increasing number of people within Scotland and the rest of the United Kingdom contacting me in desperation due to being seriously disabled when trying to discontinue the drugs. Sadly, there is no responsibility or accountability for the misprescribing, the inappropriate care received by patients and the lack of support as they deal with the devastation of the withdrawal syndrome. There is very little understanding, knowledge and seemingly no training of doctors in this area and this has endangered the lives of patients affected by withdrawal and compromised the care they receive.

### **Impact of Withdrawal**

There are too many people receiving inappropriate and inadequate medical attention who are suffering as a consequence. I have seen, time and again, how the withdrawal experience negatively impacts a person's life. It causes not only severe psychological and physical symptoms that often last for many months or a significant number of years, but other repercussions such as an inability to work, financial losses and debt, bankruptcy, breakdown of relationships, children being taken into care, stigmatization, isolation and suicide. The devastation I witness daily, which includes that of individuals and families in Scotland, has its origins in the lack of adherence to prescribing guidelines, unsafe withdrawal protocols, misdiagnoses of withdrawal symptoms resulting in poly-drugging, and lack of appropriate and adequate after-care for those affected, is extremely disturbing.

## **Suicides**

One particular issue that conveys the urgency and validity of this Petition is the suicide risk caused not just by the cruel and disabling withdrawal effects but by those affected not being believed by their own doctors and by family members (who receive no guidance or normalizing of the experience from the attending doctors), by being told there must be something else wrong with them or it's "all in the head", by being stigmatized by the same people who prescribed the medication, and by being treated inappropriately including being poly-drugged when withdrawal is misdiagnosed. This is deeply concerning and much of my time is spent getting those affected in this way to safety. Over the years we have lost too many lives to suicide and this type of crisis management that I deal with happens too frequently. I am asking you please to give serious consideration to this and the other concerns raised by everyone supporting Petition PEO1651.

## **Antidepressants**

It is important to note that the adverse withdrawal effects of antidepressants are also being ignored. The number of people affected by antidepressant withdrawal is just as concerning as those affected by benzodiazepines and other z-drugs. Recent figures show a massive 108.5% increase in antidepressants dispensed in 2016 when compared with 2006. More than 40% of the people who contact me are affected by SSRI and other types of antidepressant withdrawal. Anecdotal evidence shows that the withdrawal experiences and repercussions are the same. According to Neilsen *et al* (2012), the withdrawal reactions are similar. In a study reviewing the differences between withdrawal reactions from SSRI antidepressants and benzodiazepines, they concluded that discontinuation symptoms were similar for both groups with both experiencing 37 of the 42 symptoms identified. This has also been confirmed by the United Kingdom withdrawal support organisations who have reported supporting as many people coming off antidepressants as benzodiazepines, and with no notable differences in symptoms (CEP-UK, 2014).

## **Doctors Affected by Withdrawal**

Throughout the time I have been providing support, I have had people of all backgrounds contact me, including doctors in Scotland and elsewhere, who have been blindsided by an unanticipated withdrawal experience that made them unwell and unable to work and that created chaos in their lives. Sadly, despite promising to speak out and advocate on behalf of the community when withdrawal is over, they have chosen to remain silent, in order to not jeopardise their careers.

## **Non-adherence to Guidelines**

Doctors and psychiatrists are not adhering to the 1988 Committee on Safety of Medicines Guidelines on the prescribing of benzodiazepines, or the British National Formulary, both of which recommend prescribing for a duration of 2 to 4 weeks. The more recent Z-drugs which act on the same brain receptors and neurotransmitters as benzodiazepines are also now being over-prescribed despite the National Institute for Health and Care Excellent (NICE) Guidelines recommending short-term use only (2 to 4 weeks). Warnings against the damage caused by benzodiazepines were first given in the 1970s and 1980s. The Committee on Review of Medicines in 1980 stated that the efficacy of benzodiazepines lasted no longer than 4 months for use as anxiolytic and 7 to 21 days for use as a hypnotic. Heads were buried in the sand,

these warnings were not heeded, no action was taken, and the result is a current underworld of suffering.

### **Impact on Economy**

An often-overlooked important consequence of prescription drug withdrawal is the impact the costs of diagnostic tests and poly-drugging has on the National Health Service's budget and in your case, the NHS Scotland. I know, from my experience supporting residents of Scotland through withdrawal, that almost everyone at some point will have an MRI scan, a colonoscopy, an echocardiogram, other types of scans, blood profiles and other diagnostic tests, depending on the presenting symptoms. This is usually as a result of being told their problems could not be related to drug withdrawal. Test results are normal and the patient is told the problem is psychological and they need to be medicated. They are then poly-drugged, further costing the NHS. In addition, being debilitated and disabled means being unemployable and resorting to state benefits, which is yet another avoidable economic drain.

### **Conclusion**

Serious harm is being done to tens of thousands of people, in Scotland and other parts of the United Kingdom, who remain under the radar and unsupported, as they struggle to cope with the effects of prescription drug withdrawal and its repercussions. This matter needs to be urgently addressed. Please, on behalf of the many people who are suffering terribly because their lives have been devastated by this complex and cruel phenomenon, please do not contribute to the denial and sustained perpetration by turning a blind eye. Granting the requests of this Petition will save lives and reduce and prevent further harm to many. Thank you.