

PE1651/BBBBBBB

Desmond Spence submission of 14 February 2018

The Scottish Parliament are considering a petition around prescription drug dependency and asking for submission about this topic. I have decided to submit my experience. You can tell this in scientific way but a simple narrative is powerful. Here is a personal narrative through the decades from when I started as a medical student in 1985.

Firstly when it come to prescription drugs you need to understand the relationship between Doctors and the Drugs Industry. Now it's hard to explain the closeness of this relationship to an outsider. The Industry in the past were everywhere. In the Hospitals and GP surgeries everyday. They provided lunch , freebies (Filofax, computers , pens and the rest) and education. But they also engaged with Doctors outside of work , took us out at night as Junior Doctors, took GP partners and their spouses for evening meals, flew groups of Doctors all over the world to "conferences". Of course nobody actually went to the conference lectures. Doctors Offered weekends away to five star hotels in Scotland too. Cash for speaking at meetings and the Industry sponsored everything and anything , Christmas Parties, Leaving dos , you asked they coughed up the cash. They flattered yo, puffed up all ready large egos. To says it was excessive and wholly inappropriate would understate the truth. It was shocking and frankly shameful. Much of it still goes on today. And the Industry is still everywhere in the NHS , the Media and of course in Parliament. Right here and right now.

The reason why you need to understand this relationship, is because it powered our current prescription problems. For the Industry in the 1990s suddenly got a conscious about "chronic disease" and started supporting charities and support groups. This was especially mental illness. It this was simple business. Not benevolence but malevolence . You only take an antibiotic occasionally and a few days but psychiatric conditions are common, life long, incurable ,involve taking multiple medication with dose escalation. A business like no other. So Industry coopted "the Psychiatric specialist " and built their careers for them. They had their names lifted on to research that was ghost written. When it came to setting up a national adversity panel , guess who got an invite ? The guidelines no surprisingly , always seemed to promoted new medications. Consider the fact that , the DSM the holy text of mental health, over 75 % of the authors had declared links to Industry. [1]

So consider "clinical depression". Low mood for 2 weeks now becomes an "illness" and swathes of the population have it. Of course this is an subjective definition and entirely arbitrary cut off. Why not 3 weeks or 6 weeks ? Might low mood be normal and response to situation ? It was peddled as "chemical imbalance" this is a simple myth , with no proven biological basis. But business is business and the Industry have a new medication to sell . Prozac. Safe, non addictive and supposedly highly effective. So in 1992 the Industry sponsored a campaign called " Defeat Depression", endorsed by their friends the Doctors. Prescribing became stellar. GPs repeatedly told that Depression was "under diagnosis and under treated" Depression.

But guess what, depression wasn't defeated and mental health issues actually rose. Also it became clear that SSRI (like Prozac) don't actually work in the most part. Also patients struggle stop these medications experiencing significant withdrawal , so Doctors advised patients to carry on taking antidepressants for years and even decades.[] But this advice not based on research but simply the opinion of the same financially conflicted specialists. Patients complained about severe side effects , but no one seems to care or even listen.

Talk based treatment like counselling are effective and would have been cheaper to provide. But these facts , never stopped the march of medications. Paradoxically, this was the same story for diazepam and sleeping tablets a generation before. Drugs that poisoned and undermined entire communities.No one ever learned. No one was ever held accountable , no one prosecuted and no corporate responsibility. Just a perpetrator-less crime. Today history is repeating itself with pain killers. The Industry realised that pain was common and chronic. It was big business opportunity. They peddled the idea that strong opioid painkillers were “non addictive” if used “therapeutically” and if you questioned the dogma you were an “opiophobe” and dismissive of people suffering. So prescribing went up and up. The pharmaceutical reps were everywhere. They focussed on the opinion leaders, focused on local specialists , wined and dined , flying to all expenses “educational conference “ and took cash to act as advisers or speakers. The message to GPs was the same , “under diagnosis and undertreatment” of pain. So prescribing of strong pain killers (like Tramadol, Dihydrocodeine, Gabapentoids and oxycodone) tripled in 10 years. [3] But guess what ? These medications are addictive , are dangerous in combination and have no long term data on safety. With 90% being used in non-cancer pain , these are causing huge problems across Scotland. There is no support services and no services to stop them. Thousands of people inadvertently addicted to theses medication. Specialist Pain clinics are making the problem worse and have no insight into the harm they are doing. We do not have the same scale of prescribing as other countries like the USA which has just declared prescription drug addiction as “national emergency” but we do have a major national problem too. [4]

All these problems are not the be fault of patients. These problems are the responsibility of the medical profession. We are harming patients everyday and everywhere across the country.

What to do ?

- 1 End the denial. Accept that the this a problem and publicise it.
- 2 Have a moratorium on Prescribing while we asses the scale of the problem.
- 3 We need new strategies and new paradigm for example , embedding counselling services inPrimary , establishing services to reduce and review these medications.
- 4 Challenge the Pyschiatric and the Pain community to just study their current practices.
- 5 End the link between the Industry and Medicine. Do not allow pharmaceutical representatives on NHS property. Stop the Sponsorship of Education , prohibit any payment and payment in kind to NHS employees. Show political leadership.

[1] *Des Spence The psychiatric oligarchs who medicalise normality BMJ 2012; 344*

[2]. *Des Spence Bad Medicine: The rise and rise of antidepressants Br J Gen Pract 2016; 66 (652): 573.*

_ [3] *Des Spence Bad Medicine: The medical untouchables Br J Gen Pract 2017; 67 (661): 363._*

[4]. *Des Spence Bad medicine: gabapentin and pregabalin BMJ 2013; 347*