PE1651/NNNNNNNNN

Petitioner submission of 6 January 2019

At the last Petitions Committee meeting, on 25 October 2018, the Committee agreed to write to the Scottish Government. This submission responds to the reply received from Scottish Government dated 5 December 2018.

We note the list of named 'experts' who have been nominated by their respective organisations to participate in a Short Life Working Group (SLWG) on prescription medication dependence and withdrawal on Scotland. Do any of these 'experts' actually have any expertise at all in "prescribed drug dependence and withdrawal"?

We ask specifically for clarification of the 5th bullet*: "explicitly exclude review of antidepressant effectiveness and efficacy"*, and ask whether this implies that antidepressant 'dependence and withdrawal' issues are therefore to be excluded from the remit? (Antidepressant dependence and withdrawal issues are a major focus of PE01651 and are included in the PHE review remit).

We ask expressly that the full evidence of this Petition PE01651 be taken into account by the SLWG as formal evidence of Experts by Experience of 'Prescription medicine dependence and withdrawal'.

We note that the Petition Committee's request for an update on the establishment of a 24hr helpline is not addressed in the reply from Scottish Government.

Following the Petitions Committee meeting on 25 October 2018, which was attended by Jackie Baillie MSP, Jackie tabled related questions for written Parliamentary answers (1 and 7 November): [Full text in Appendix]

S5W-19392

S5W-19393 (Table pdf PQ-S5W-19393)

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Reference is made to the published ISD Scotland report: http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publications/2018-10-09/2018-10-09-PrescribingMentalHealth-Summary.pdf , which contains a graph showing inexorable rise in antidepressants.

It is immensely concerning from these Q's and A's that no account whatever has, to date, been taken of our actions including the evidence accumulating for PE01651 since its launch in May 2017. The written Parliamentary answers simply repeat what was heard and recorded at the PE01651/PE01627 evidence session on 18 January 2018. This is worrying and frustrating – and the graph included in the ISD summary above, together with our own evidence, surely raises very great alarm.

Scottish GP Des Spence's BJGP November article "Bad Medicine; Psychiatric Drugs" tells of the GP experience. https://bjgp.org/content/68/677/583 (see also e-responses)

> "Doctors have prescribed antidepressants too widely, too freely, and for too long. We need a national debate, and a concerted national effort to reduce prescribing. NICE needs to get its act together and start challenging its own guidance."

Whilst these public health 'reviews' progress painfully slowly, an astonishing article appeared in the BMJ Christmas issue, under the title of 'Treatment Resistant Depression: what are the options' and professes to 'advise' prescribing GPs – to prescribe ever more and stronger 'anti-depressant' (and other) drugs. https://www.bmj.com/content/363/bmj.k5354 . (pdf supplied – responses can be read 'open access').

> "After trying selective serotonin reuptake inhibitors or serotonin and norepinephrine reuptake inhibitors, GPs could try the multimodal serotonin stimulator vortioxetine, said Young. If symptoms persist after an adequate dose and trial of this, patients should be reassessed for diagnosis, adherence, and other comorbidities, he said.
> Adding in psychotherapies such as cognitive behavioural therapy is the next option. If this is unsuccessful, adding an atypical antipsychotic, such as lithium, quetiapine, or aripiprazole, has been shown to be beneficial."

This would seem to confirm and reflect just exactly what our August 2018 'Voice of the Patient' petition analysis report shows – and the resulting patient harms sustained. http://prescribeddrug.org/wp-content/uploads/2018/10/Voice-of-the-Patient-Petition-Analysis-Report.pdf . An awareness-raising event took place at the Welsh Assembly on 11 December 2018, and our own (Scottish and Welsh) petition evidence was featured. The event was recorded and summary and full video recording can be accessed here, with speakers David Healy, Aled Jones, Stevie Lewis and James Moore: https://www.madinamerica.com/2018/12/antidepressant-dependence-welsh-government/ . You will see from this Mad in America article that we have recently lost at least two known people to suicide. The latest Scottish published suicide data (4 December 2018) contain the following summary points, further emphasising last year's figures:

> • Nearly three-quarters of people (73%) had contact with at least one of six healthcare services prior to their death (the services were general acute hospital inpatient/daycase care, psychiatric inpatient discharges, psychiatric outpatient appointments, contact with drug services, mental health drug prescribing in the community, and Accident & Emergency (A&E) attendances).
> • Three-fifths (62%) had at least one mental health drug prescription dispensed in the 12 months prior to death. This was the most common form of contact with healthcare services.
> https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2018-12-04/2018-12-04-ScotSID-Summary.pdf

Who is accountable? Terrible harm, suffering and deaths/suicides are being sustained and no-one in authority seems to be taking any notice, action or responsibility whatsoever. The Royal College of Psychiatrists and 'experts', in particular, seem to be extremely cavalier about publishing 'advice' to GPs … who carry the prescribing responsibility. Harmed/dead patients are just pesky 'dross'?

As suggested at the Committee Meeting on 25 October 2018, this does need full Scottish (and indeed national) parliamentary debate and investigation.

APPENDIX Written Q's and A's Scottish Parliament 1 and 7 November 2018

1. **Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government what its previous performance target was for the prescribing of anti-depressants, and (a) when and (b) for what reason this performance target was ended.

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Clare Haughey: In 2008, Scottish Government issued guidance for the development of local delivery plans, which included a target for NHS Boards to reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years. It was set as a proxy measure to focus attention on improving the evidence based prescribing of antidepressants and to improve access to non-drug treatments for individuals with depression and anxiety. This target drove a range of improvement work across Scotland and helped us to develop our understanding of the reasons for the increase in antidepressant prescribing.
It became clear that we could not be sure that implementing evidence-based prescribing behaviour and improving access to non-drug treatments would lead to a reduction in antidepressant use. With this better understanding, it was considered inappropriate to continue with the target. In 2010 it was agreed that a target to deliver faster access to mental health services by delivering 18 weeks referral to treatment for psychological therapies should be included in HEAT from April 2011.
We are continuing to track antidepressant prescribing across Scotland to see what impact improving access to psychological therapies has on prescribing behaviour. The Medicines in Mental Report is published annually by Information Services Division Scotland and is available online. http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Mental-Health/ .

2. **Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government what the level of prescribing **anti-depressants** was for the last year that its previous performance target was in place and in each year since.

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Number of antidepressants items and Defined Daily Doses dispensed in Scotland (BNF Section 4.3) and Defined Daily Doses Per 1000 Population per Day.
Table shows a very startling increase of 'defined daily doses' steadily rising from 103.26 (2009/10) to 164.81 (2016/17).

3. **Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government what its position is on concerns that there is an increased level of prescribing anti-depressants, and what action it will take in this regard.

S5W-19394 Clare Haughey: The Scottish Government has worked hard to reduce the stigma faced by people with mental health problems. As this stigma declines we would expect more patients to seek help from their GPs for problems such as depression. People with mental illness should expect the same standard of care as people with physical illness and should receive medication if they need it. Any prescribing is a clinical decision for a patient's doctor and there is good evidence that GPs assess and treat depression appropriately. We are also committed to improving access to alternatives, such as psychological therapies, that increase choice and best accommodate patient preference.

4. **Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government whether it has updated its guidance to health professionals regarding withdrawal from anti-depressants.

S5W-19395
Jeane Freeman: To help inform future policy we are currently convening a Scottish short life working group, comprised of leading experts in their fields, which will discuss drug prescribing which may cause discontinuation syndrome and examine prescribing trends in Scotland.

5. **Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government what services it has in place to help people suffering from withdrawal from anti-depressants.

S5W-19396
Clare Haughey: Support for people coming off antidepressant medication is available from a range of sources. In the first instance, individuals should go to the prescriber, or their GP for help. Problematic medication withdrawals are best managed by routine, day time services that provide continuity of advice and contact. Emergency advice is unlikely to be necessary but is available from standard out of hours and NHS 24 services. Telephone support is also available from Breathing Space for people with anxiety and depression.