

PE1651/AAAAAAAAAAAA

Dr Peter J Gordon submission of 14 March 2021

This is submitted in response to the written submission [PE1651 UUUUUUUUUU](#) from the Cabinet Secretary for Health and Sport on 26 Feb 2021, which included an advance copy of the [Consultation on the Draft Recommendations from the Short Life Working Group \(SLWG\) on Prescription Medicine Dependence and Withdrawal](#), which was subsequently published on 12 March 2021.

In relation to this I would like to offer considerations in the following areas:

- 1) "Good evidence"
- 2) Openness and transparency
- 3) First Do No Harm

1) "Good Evidence"

PE1651 called on the Scottish Parliament "to urge the Scottish Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal".

In the background information of the consultation, in the section Mental Health, it says: "There is **good evidence** that health professionals assess and treat mental ill health appropriately." [bolding mine]

This petition has received an unprecedented number of personal submissions.

In Annex A of the consultation there is a detailed analysis of prescribing of psychoactive drugs in Scotland and this graphically reveals ever-increasing levels of prescribing. There is a lot of detail in these figures but in summary, 1 in 3 Scottish adults is receiving prescribed psychoactive drugs and this proportion is increasing. A significant proportion of these people [40%] are taking prescribed psychoactive drugs beyond a period supported by trial evidence.

I have witnessed one of the current Scottish Government advisors on mental health say to a cross-party group that there is "compelling evidence for maintenance treatment with antidepressants", that "depression is under-recognised across all age groups" and that "there is good evidence that long-term antidepressant treatment has a good risk-benefit ratio".

I am not aware of any such "compelling evidence" and in order for the Scottish Parliament to make an informed decision this evidence needs to be fully examined particularly given the personal testimonies that have been submitted to this petition.

2) Openness and transparency

The parliament will recall the findings of the [Britton Investigative Review](#) which included examination of "independence, and conflicts and declarations of interest in

the independent Review process” and found “a series of inadequacies in the approach adopted by, and record-keeping of, the Mesh Review.”

The review recommended that “a process should be in place to identify and measure potential conflicts of interest to ensure that a proportionate response can be made.”

All involved in the SLWG received this reassurance from the Scottish Government on 25 March 2020: “transparency and openness will be a key part of the group.”

Despite this, I am unable to find any publicly available record keeping from the meetings of the SLWG. The same applies to declarations of interest.

3) First Do No Harm

PE1651 is a very important petition as the testimonies received make painfully clear. What is also clear is that the trajectory of prescribing of psychoactive drugs to Scottish people is disturbing.

I am very disappointed at the lack of concrete action outlined in the Scottish Government report, and am even more alarmed that there seems to have been no learning from the Review chaired by Baroness Cumberlege: [First Do No Harm: The report of the Independent Medicines and Medical Devices Safety Review](#). Of the overarching themes, the first was:

'No-one is listening' — The patient voice dismissed.

Further themes included:

Theme 6: Duty of Candour — 'preventing future errors'

Theme 7: Conflicts of interest — 'we deserve to know'

Theme 12: Patient safety — doing it better