

PE1651/VVVVVVVVV

Petitioner submission of 15 March 2021

Response to Cabinet Secretary's submission of 26 February 2021

REMINDER (2017): "This petition has been set up on behalf of Recovery and Renewal to raise awareness of the plight of individuals in Scotland who are affected by dependence on and withdrawal from prescribed benzodiazepines and antidepressants – and specifically to ask the Scottish Government to support the BMA's UK-wide call for action to provide timely and appropriate support for individuals affected."

Most of the huge collection of submissions to this petition are specifically about issues stemming from initial prescriptions of antidepressants and/or benzodiazepines.

The 2018/2019 Public Health England review covered 5 classes of 'prescribed drugs associated with dependence and withdrawal', including antidepressants and benzodiazepines.

Now March 2021 and within this (55 page) written submission from the Scottish Government there is actually no action to 'recognise' – or 'support' - individuals affected by dependence on and withdrawal from prescribed antidepressants and benzodiazepines.

There is endless obfuscation. Such as:

*"We also had separate meetings with NHS24 through a separate synergies group so that we can find the best way to leverage and build on existing established and trusted assets." (?)... **"the recommendations were developed in partnership and agreement reached with both the Main SLWG and Patient Group. The recommendations were discussed in detail at meetings of both the Main SLWG and Patient Group held in October"***

The above statement (bold) implies honesty, openness, transparency – which there was not. We were astonished, shortly following the meetings in October 2020 to see Jeane Freeman and colleagues championing the launch of [iSIMPATHY](#), and to recognise the 7-step Process, Polypharmacy Guidance and Polypharmacy App, which the SLWG had seemed extremely keen to 'promote' to us and get us to 'accept' during our meetings as part of the SLWG work (perhaps there was an undisclosed agenda?).

The Polypharmacy Guidance (2018) covers a huge range of medications and is primarily focused on 'the elderly'. It lists SSRI/SNRI antidepressants as 'essential medicines' (?). Our frustrations, reservations and concerns were expressed to the SLWG leadership during meetings convened by the SLWG and also in writing. Our concerns were mostly not acknowledged or recorded. There seemed to be undeclared underlying powerful conflicts of interest throughout the process. Specifically, we pointed out that these polypharmacy 'tools' completely avoid the issue that common first-line GP prescribed antidepressants & benzodiazepines, for

people of all ages (not just 'elderly'), can and do cause many issues themselves – and LEAD TO all manner of complications and indeed to polypharmacy. Our frustrations led to letters published by a newspaper in September 2020.

[Your letters to the Helensburgh Advertiser: September 3, 2020 | Helensburgh Advertiser](#)

“it feels very much that our genuine input is being consistently and actively sabotaged.”

See Petitioner Submission [PE1651 UUUUUUUU.pdf \(parliament.scot\)](#) July 2018 for reminder of the longstanding issues, exemplifying where the 'evidence' and the 'experts' have got us into this position – and the continuing mistake of not listening to those with first-hand experience, thus perpetuating the harm. This is summarised in the Patient Journey Infographic Annex illustrating 'what is happening' to so many people – who become caught up in the 'red route'; examples of whose harrowing real patient experience evidence are contained in the detail within the many individual personal submissions for this petition.

The following statements in the Feb 2021 SLWG report/consultation documentation show ongoing hubris and dismissal of our concerns:

(Submission P. 16) Mental Health

The prescription of any medication is a clinical decision made in discussion with the patient... There is good evidence that health professionals assess and treat mental ill health appropriately...

(Submission P. 17) Suicide Prevention:

Any individual feeling suicidal is encouraged to contact their GP.

Our very serious concerns about suicide risks and suicides are detailed in several submissions to this Petition, including:

[PE1651 OOO.pdf \(parliament.scot\)](#)

[PE1651 RRRRRRRR.pdf \(parliament.scot\)](#)

[PE1651 SSSSSSSSS.pdf \(parliament.scot\)](#)

In short: Prescribers are seemingly not aware (and not being made aware) of serious adverse effects – including risks of suicidality, akathisia and various complications of dependence and withdrawal - of the common 'safe and effective' [sic] medicines they are being 'guided' to prescribe – for anxiety and depression (and everything else).

The latest 10yr mental health prescribing data report, charting ever-rising antidepressants, was published on 23 February 2021: [Medicines used in Mental Health 23 February 2021 - Data & intelligence from PHS \(isdscotland.org\)](#). An article in Herald Scotland reporting this carries a quote by a spokesperson for RCPsych Scotland:

“There has been much campaigning over the past decade to raise awareness that depression can be treated. Anti-depressant medication plays an important role in the treatment of severe depression and a range of anxiety disorders”

It feels as though there is a ‘dead hand’ situation. Where the ‘experts’ and ‘powers that be’ at Scottish Government have no intention whatever to take urgently necessary action to provide timely and appropriate support for individuals affected by dependence on, and withdrawal from, prescribed antidepressants and benzodiazepines.

Related Newspaper links

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<https://www.helensburghadvertiser.co.uk/news/18708899.letters-helensburgh-advertiser-september-10-2020/>

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