

Correspondence from Founder member – Lived Experience Advisory Panel for Prescribed Drug Dependence (LEAP for PDD) Mark Isherwood MS

Dear Mr Isherwood,

I am writing in connection with your correspondence with Mary Hennessey and Shane Cook, co-founders of the Prescribed Medication Withdrawal Peer Support Group.

I wish to draw your attention to the fact that this is not the first time I, together with Mary and Shane, have been involved in highlighting the shocking lack of understanding and support for people struggling with antidepressant withdrawal. In August 2017 I raised a petition via the Welsh public petitions system on this very subject: **P-05-784 Prescription drug dependence and withdrawal - recognition and support** ¹

During the petition's process I described the fundamental problems making the actions called for in the petition necessary, namely:

A lack of willingness to admit that antidepressants are problematic, perhaps as a result of a lack of available alternatives for doctors and patients

Reluctance to listen to the concerns of patients and acknowledge dependence or withdrawal symptoms

A lack of available services even when dependence or withdrawal is recognised, and an inappropriate reliance on drug misuse services

An absence of formal consistent advice on drug tapering

The cross-party members of the Petitions Committee carried out a detailed investigation, including calling on members of the public to write in with their own personal experiences of taking antidepressants. Mary Hennessey and Shane Cooke were contributors to that consultation. The report produced in March 2019 made 10 recommendations for change. See pages 6 – 7.²

You will see that the Petitions Committee's recommendations do not differ significantly from the key actions outlined in Harriet Vogt's "*Patient recommendations for addressing the antidepressant withdrawal awareness and support gap. Summary report.*"

The Health Minister at the time, Vaughan Gething, responded by accepting 9 of the 10 recommendations. However, it was clear from his correspondence that, despite the Petitions Committee understanding fully that patients with prescribed drug dependence and withdrawal need a different level of care and support than those who misuse drugs, he and his team did not. A person who has taken drugs as prescribed should not and must not be offered a service aimed at those who misuse.

Here we are in 2025 with experiences which show that although there is (seemingly reluctantly) a willingness within the medical profession to acknowledge antidepressants can

lead to withdrawal which in some cases may be severe, there are still no national services to support those in withdrawal and no widespread, accessible information for prescribers on how to de prescribe safely.

On a personal note, I cannot praise highly enough the work of the members of the Petitions Committee and their administrative staff at the time. However, in the intervening years I am left feeling that the system itself is pointless if their conclusions are ignored. In fact, their work contributed more to the campaign in England, led by the Westminster based All Party Parliamentary Group for Prescribed Drug Dependence (since renamed the Beyond Pills APPG), than in Wales. We took data from the stories sent in by the public from the Welsh Petition, and the sister petition in Scotland **PE01651: Prescribed drug dependence and withdrawal**³ and supplied it to the 2019 Public Health England "*Dependence and withdrawal associated with some prescribed medicines - An evidence review*".^{4,5}

The recommendations from this review led to an updating of the NICE Guidelines NG215 and NG222, where it is now recognised that antidepressant withdrawal can be severe and long lasting for some, and that the drugs need to be tapered slowly to mitigate withdrawal effects.

I urge you to take seriously and support the work of the Prescribed Medication Withdrawal Peer Support Group, and to personally sponsor the Key Actions in Harriet Vogt's report.

In the meantime, I would welcome the opportunity to discuss this matter further with you.

Yours sincerely,

Stevie Lewis

Founder member – Lived Experience Advisory Panel for Prescribed Drug Dependence (LEAP for PDD)

<https://leap4pdd.org/>

References

1. <https://business.senedd.wales/mglIssueHistoryHome.aspx?lId=19952>
2. <https://senedd.wales/media/zppfxkzo/cr-ld12429-e.pdf>
3. <https://webarchive.nrscotland.gov.uk/20240327083620/http://archive2021.parliament.scot/GettingInvolved/Petitions/PE01651>
4. https://assets.publishing.service.gov.uk/media/5fc658398fa8f5474c800149/PHE_PMR_report_Dec2020.pdf
- 5* <https://pubmed.ncbi.nlm.nih.gov/33224468/>

**The 'patient voice': patients who experience antidepressant withdrawal symptoms are often dismissed, or misdiagnosed with relapse, or a new medical condition*

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Published in Therapeutic Advances in Psychopharmacology, the data for this paper were taken from the stories sent in by the public to the Welsh and Scottish petitions.