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23rd December 2017

David John Rowlands AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Re: **Petition: Prescribed Drug Dependence and Withdrawal:**

I have been a practicing physician in Ireland for the past thirty-five years, fully registered with the Irish Medical Council. I am also a fully accredited psychotherapist. Having worked as a GP for over ten years, for the past seventeen years I have provided a recovery-oriented mental health service, attended by people from all over Ireland and beyond, including the UK. I am also a best-selling mental health author, and mental health educator. For nine years (2003-12) I was appointed by the Irish government to a series of national expert mental health groups, including the Expert Group on Mental Health Policy (2003-06) that formulated *A Vision for Change*, Ireland's official mental health policy document.

This petition has my full support. It is a responsibility of the medical profession to identify and publicly herald matters relating to public health, a duty generally executed well, with one notable exception – when the perceived welfare of the medical profession itself might be best served by either not noticing such an issue or remaining relatively silent about it. Prescribed drug dependence and withdrawal is one such issue. It is most regrettable that the medical profession has not only not taken the lead in this important matter, but has persistently resisted adequate public recognition of the extent and seriousness of the problem of prescribed drug dependence, including benzodiazepines and SSRIs.

A long-standing systemic denial and failure. The medical profession has consistently denied/minimised the extent of prescribed drug dependence. In 1998, the then head of Social Audit UK Charles Medawar wrote: "Over the past 200 years, doctors have prescribed an almost uninterrupted succession of addictive drugs, always in the belief that they would not cause dependence or that patients would be mainly responsible if they did. From alcohol and opium to barbiturates and benzodiazepine tranquillisers, all of these drugs have been prescribed as sedatives for mental distress." [1]

The title of Medawar's article – "Antidepressants: Hooked on the Happy Drug" indicated his major concern regarding SSRI antidepressants and addiction/dependence – twenty years ago. In his 1992 book *Power and Dependence: Social Audit on the Safety of Medicines*, Charles Medawar wrote: "The evidence suggests that the providers of medicine keep making the same mistakes, mainly because they have been allowed to deny how badly things have gone wrong. Virtually every anti-anxiety drug and sleeping pill ever prescribed has proved to be a drug of dependence - yet each one has been prescribed, often for many years, as if the risk did not exist. This pattern of error has been established over the past 100 years or more, and continues to this day." [2]

Alcohol, morphine, heroin, amphetamines, barbiturates, the benzodiazepines and the SSRI antidepressants were each, in their day, introduced as wonderful, non-addictive, non-dependency-creating treatments. The addictiveness of each of these drugs went unnoticed and/or vehemently denied by the medical profession for decades after they were introduced. Regarding each of these drugs, the medical profession has been painfully slow to accept their drug dependency-creating potential. The

push to have them recognised as addictive/dependency-creating in each case came not from within the medical profession, but from the public – as is happening here, in relation to this petition.

Throughout the decades, people had great difficulty convincing the medical profession that these drugs were addictive/dependency forming. In my 2001 best-selling book *Beyond Prozac*, flagging drug dependency problems with SSRI antidepressants I had repeatedly observed, I wrote: "Throughout history, millions of drug addicts have been created by the 'best' modern medical treatments of the day. Therefore, when doctors say that antidepressant drugs are not addictive, remember that they said precisely the same thing about a long list of addictive 'treatments'. Based on the experiences of patients taking SSRI antidepressants, for many years I have believed that these drugs are addictive. Contrary to what you hear from psychiatrists and GPs, there is evidence suggesting that the newer antidepressants such as Prozac, Seroxat, Effexor and others may well be addictive. These drugs give an energy buzz, often making people feel better. But so did amphetamines and barbiturates, which were subsequently — many years and millions of patients later — found to be a very addictive group of drugs. I know many people who have had great difficulty coming off these newer antidepressant drugs." [3]

In a 2001 article in the *Independent* entitled "World Health watchdog warns of addiction risk for Prozac users", Professor Ralph Edwards (of the World Health Organisation's unit monitoring drug adverse effects) expressed considerable concern that, with regard to the SSRI antidepressants, "the issue of dependence and withdrawal has become much more serious". [4]

Raising the addiction/drug dependence bar – the medical profession's response to the benzodiazepine debacle: The public – and the politicians who serve the public – might reasonably expect that the medical profession would have responded to the international benzodiazepine debacle – of addiction/dependence denial and failure to protect the public they serve – by increasing their awareness and vigilance in relation to prescribed drug dependence. The opposite was the case.

Produced in the wake of the benzodiazepine debacle, the SSRI antidepressants were not even tested for their addictive/drug dependency potential prior to being licensed for public consumption. Yet drug companies, psychiatrists and GPs alike felt it appropriate to unequivocally assure the public that these new substances were definitely not addictive or dependence-producing. UK psychiatrist David Healy, Professor of Psychiatry, Bangor University, Wales – a former secretary of the British Association for Psychopharmacology – has subsequently identified evidence of drug withdrawal problems within the original SSRI antidepressant drug trials. [5]

In 1980, the then current edition of the *DSM* (the *DSM-III*) – often referred to as the psychiatrist's bible, which sets standards of psychiatric understanding and practice internationally – defined drug dependence as the presence of ***either*** tolerance (needing more of the drug to get the same effect) ***or*** withdrawal symptoms. Consistent with this definition of drug dependence, in 1990, according to the American Psychiatric Association, "The presence of a predictable abstinence syndrome following abrupt discontinuance of benzodiazepines is evidence of the development of physiological dependence". [6]

In a subsequent edition, the *DSM-IV* (1994), the American Psychiatric Association changed the definition of drug dependence, making it *more* difficult to define drugs as addictive/dependency-creating. They now defined drug dependence as the presence of ***both*** tolerance and withdrawal. Rather than become *more* alert to the important issue of dependence to prescribed drugs as one might expect a responsible profession to do, the American Psychiatric Association both moved the goalposts and heightened the bar. As Charles Medawar subsequently commented, 'This definition would exclude all but the most exceptional cases of dependence on benzodiazepines'. [7] This definition also results in the gross under-recognition of drug dependence problems with SSRI antidepressants.

The World Health Organisation's view of drug dependence has contrasted with that of the American Psychiatric Association. According to the World Health Organisation, "When the person needs to take repeated doses of the drug to avoid bad feelings caused by withdrawal reactions, the person is dependent on the drug". [8] Regrettably, this common-sense definition of drug dependence has been largely ignored by the medical profession.

The current extent of the problem of prescribed drug dependency: The two main drug groups of concern are the benzodiazepine tranquillisers and the SSRI antidepressants. Despite clear guidelines for over two decades that benzodiazepines should only be prescribed for one month or less due to drug dependence risk, an estimated one million UK residents are prescribed long-term benzodiazepines. [9] The medical profession and pharmaceutical manufacturers have persistently and

wrongly assured the public that SSRI antidepressants do not cause drug dependency. To protect themselves and their non-dependency claims, the medical profession has long insisted on the use of the term "discontinuation" symptoms rather than "withdrawal" symptoms, thus airbrushing the dirty words, "drug withdrawal" out of the discourse, and consequently, out of public awareness.

For two decades, it has been clear to me as a practicing physician that SSRIs commonly cause withdrawal problems. Traditionally, medical practitioners have mistaken SSRI drug withdrawal problems as recurrence of depression. Based on published research, Scottish GP Des Spence – who has repeatedly expressed many valid concerns about SSRIs – has written: "And when patients try to stop, half of them experience withdrawal with agitation, insomnia, and mood swings which many construe as a return of their low mood. Patients struggle to stop medication due to these physical and psychological withdrawal symptoms, so isn't this a type of dependence? Anecdotally, patients elect to continue antidepressants, and remain stuck in a loop for years. And how safe are antidepressants when taken for decades? Why is there no systemic attempt to review long-term antidepressant prescribing?" [10] Given the relentless rise in UK antidepressant prescribing rates year on year – a staggering 64.7 million antidepressant prescriptions in England alone in 2016 [11] – the Petitions Committee might take note of Dr. Des Spence's last sentence above.

Prescribed drug dependence – a UK "public health disaster". Prescribed drug dependence was correctly described in the title of a 2016 *New Scientist* article as a UK "public health disaster". [12]

The medical profession's minimising of prescribed drug dependence; out of self-interest rather than the public interest. It is profoundly embarrassing to medical doctors that substances they enthusiastically prescribe – with assurances of non-dependency – not uncommonly cause drug dependency and withdrawal problems. At a human level, one can understand the medical profession's reluctance to admit to themselves and the public that substances they prescribe could cause quite widespread drug dependence. This is now particularly the case regarding SSRI antidepressants, heralded as harmless wonder-drugs since their launch in the 1980s, the flagship of the medical profession's current psychiatric armoury. At a professional and public health level however, such widespread medical denial and minimisation of these problems are clearly unacceptable.

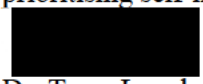
Because of the failure of the health system to recognise their prescribed drug dependency problem and provide anything approaching adequate support, thousands of people in the UK have turned to lay-created support groups. Over the years I have been contacted by many people in the UK, desperately seeking expert help and support in their efforts to come off prescribed benzodiazepines and SSRI antidepressants. I have been repeatedly struck by the lack of knowledge within the medical profession of how best to work with people seeking to withdraw from these substances. Protocols exist regarding withdrawal from benzodiazepines and SSRIs. [13] [14] It appears that the majority of doctors do not adhere to the advice provided within these protocols. Many people who wish to come off these substances justifiably feel alone and unsupported in their efforts to do so. Many people have told me of their doctor's unwillingness to engage seriously with them in a process of systematic drug withdrawal.

I respectfully caution your committee against acceptance of statements that might originate from medical sources that claim that prescribed drug dependence is not a significant public health issue, or that the medical profession has a handle on the problem. Neither is correct.

As the prescribers of these substances, the medical profession has "skin in the game" – the reputation of elements of the medical profession is at stake here. Therefore, their objectivity – conscious or otherwise – in such matters should not be assumed as a given.

Given the scale of the problem, in the public interest, there is an urgent need for (a) the extent of prescribed drug dependence – currently grossly underestimated and unaddressed – to be publicly identified and recognised; (b) the setting up of designated prescribed drug withdrawal centres, sufficient to meet the need. To my knowledge, there are few if any such drug withdrawal centres in the UK, a situation that is wholly inappropriate given the considerable public need.

On the whole, with a few exceptions, the medical profession – my profession – has for over half a century behaved dishonourably and irresponsibly in relation to prescribed drug dependence, prioritising self-interest over the public interest. This situation should not be allowed to continue.



Dr. Terry Lynch.
Keynote speaker, Samaritans Annual National Conference (Ireland), 21st March 2015.

Member, Expert Group on Mental Health Policy (*A Vision for Change*) 2003-6.
Member, Independent Monitoring Group for *A Vision for Change* 2006-09.
Member, Independent Monitoring Group for *A Vision for Change* 2009-12.
Member, HSE Expert Advisory Group on Mental Health 2006-8.

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