

Senedd Cymru – Welsh Senate – December 11th 2018
David Healy: The Politics of Antidepressant Dependence

P.A.S.T.: Prescription Drugs Awareness Day

My job today is twofold. One is to make you realise that you will get more reliable information from Stevie and James who follow me about antidepressants than you would get from any Professor of Psychiatry no matter how distinguished or President of a Royal College. The other is to show you that antidepressants represent not just a problem for you as politicians to handle but a problem that risks putting you as politicians out of business.

Slide 1:

Let's begin here. You have all heard of ghost writers maybe even wished you had one. Football and film stars have them. Donald Trump's book *The Art of the Deal* is very famously ghost written and perhaps Tony Blair's book but not Gordon Brown's. Why? We tend to think brainy people don't need ghostwriters.

Think again. The greatest concentration of ghost writing and Fake News on earth centres on the drugs your doctor gives you and your constituents. Since 1989, when Prozac came on the market, and the Berlin Wall came down, almost every article in the best medical journals that has anything to do with pharmaceuticals has been ghost written. The people whose names are on these articles aren't the authors.

Now the ghosts are smart women with PhDs who are better writers than most doctors – so this might not be a problem if the ghosts and the doctors behind the study and your doctor had access to the underlying trial data.

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But the ghosts don't see the data, and your doctor doesn't. No one has access to the data. As a result, what gets written up is Fake Science. FDA who approve drugs in the USA don't have access. MHRA / EMA who approve them here don't have access.

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The nice people who write the NICE guidelines which dictate which heart or gut medicines, or antidepressants your doctor gives you don't have access to the data.

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There used to be a gulf between the public health system that was the NHS that most of us here are still very proud of and the notionally private US health systems but there is minimal difference these days – thanks to the Labour Government who created this situation in 2002 with their plans for the new NHS. This plan hinged on having guidelines like the NICE Guidelines that Labour had just created.

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The result has been something that looks more like supermarket care. Whether in the UK or the US, services are now run by managers whose number one task is to ensure doctors keep to the guidelines. The aim is continuity of data – barcode services - rather than continuity of care.

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In Wales, the increasing experience of patients is of increasingly impersonal treatment – but because the paperwork is in order inspections report that things are getting better. As one of my patients said recently, my pet gets more patient centered care when I take it to the vet than I do.

This degradation of care is not being done by bad people. But it is not being done for your good either. It's done so a Welsh or an American Health Service comes out of someone's death or injury smelling of roses. Your wellbeing or your family's wellbeing is not their priority – the survival of managers or politicians in a job is their priority and doctors keeping to guidelines is intrinsic to this.

Increasingly when people end up dead or disabled by our services, their families wanting to know what has happened end up bewildered instead and staring disbelievingly at services that pat themselves on the back for a job well done.

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If any issue comes up in the public domain about the hazard or a drug or the impersonality of care, the political response from Cardiff to Chicago is that everything would be fine if doctors just kept to the guidelines.

I have written to Vaughn Gething (Welsh Health Minister) – by all accounts a decent man - about this. The response from his civil servants make it clear they just don't get it.

They say everything would be fine if doctors just kept to the Guidelines. But the greatest threat to you as a patient now comes from a doctor who keeps to the guidelines rather than one who doesn't. The "good" doctor who keeps to the guidelines and manager who insists he does is entirely in the pocket of the pharmaceutical companies – even though they haven't paid him a cent.

They say to someone like me concerned about the hazards linked to antidepressants we are of course putting more money into talking therapies, unaware that this money will just increase the use of antidepressants.

Finally, this meeting today is taking a big risk talking about antidepressants causing dependence – talk like this sells antidepressants. What industry don't want you to ask about is the ghostwriting and lack of access to the data – the rotten barrel problem. They are very comfortable with rotten apple problems.

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This becomes most clear in the case of the adverse effects of drugs where patients have become invisible. In 1989, the Berlin Wall came down and Prozac came on the market. Before that the significant adverse effects of drugs were recognized with a year or two of a drug being on the market – now its two or three decades.

This is the point where I was faced with a choice between believing people like James and Stevie and the scientific evidence.

Prozac was the first of a new generation of antidepressants that we call the SSRIs. It was hyped as the drug that was going to make you better than well. Help you transition from the old you to a new and better you.

The contrast with say – the antihistamines – was extraordinary. No-one thinks antihistamines are miracle drugs. They do minor things and can cause more problems than they are worth. But Prozac and the other SSRIs are just antihistamines. The SSRIs were inferior to and more expensive than older antidepressants.

The hype about the miracles these SSRIs produced and their freedom from harms was only possible because nobody could see the data from SSRI clinical trials. The data shows these drugs can cause suicide, and homicide. They can wipe out your sex life and it can remain wiped out for decades after you stop.

Above all you can get hooked on them - the companies knew this before these drugs came on the market. One in 6 people in Wales are now on them – primarily because they can't get off. For Wales, this is a bigger public health issue than the opioids and benzos combined.

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The SSRIs helped create a Quick Fix culture. What is a Quick Fix? President Trump came to my aid on this recently when he said after a school shooting 'why not put a good guy with a gun into every school?' This outraged many people but few had an answer to his follow-up challenge - "Well if a good guy with a gun isn't going to solve the problem, why do we have good guys with guns in front of the White House?"

Guns work. They're a fix but multiplying guns and putting them into too many situations - like schools - sounds like a recipe for disaster.

Medicines are like guns. They are poisons that can fix some things but multiplied up too much and used too widely they can also do more harm than good.

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The drugs came on the market for adults but they began to be used for children on the back of reports from doctors claiming they worked wonders for children also.

We do clinical trials to curb the sometimes paid for enthusiasms doctors have. And if the trial is negative we don't use the drug. Well 30 trials have now been done in children - all negative. There is a doubling or tripling of suicidal events in the children on treatment compared with the children not on treatment in these trials.

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This is the greatest volume of negative trials for any treatment for any condition ever recorded.

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What's happened the sales of these drugs? Well aside from oral contraceptives, these drugs are now the most commonly used drugs by teenage girls and their use is exploding. Heading toward 50% of university students in the US are on these or related drugs, and we are following. The people who take the most are trainee doctors – the people you depend on not to turn to a quick fix for your problems.

How did this happen? Well while the trials are negative, the ghostwritten articles say the drugs work wonderfully well and are safe.

And - before the true state of affairs accidentally came to light, Prozac had already been approved for use in young people in the US and here. Now for a drug to be approved trials have to show it worked. MHRA and FDA knew there were no trials showing Prozac worked – there are more negative trials for Prozac than for any other drug in young people. But they approved it.

NICE Guidelines recommend the use of Prozac for teenagers and young people even though NICE know there are no positive trials for Prozac.

Donald Trump introduced us to Fake News two years ago. The subtext is its not so bright people get taken in by it – well doctors have been consuming little but FAKE NEWS for three decades – its impossible for this not to have consequences.

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Here you see a downbeat Bart Simpson, who looks like he needs a quick antidepressant fix. On the second panel Homer says No – this is just the worst day of your life so far.

This brings home what we have lost. A certain resilience. You should not take from this the idea that psychotherapy is what is needed. Pharmaceutical companies would love you to think that. They know that more psychotherapy services will lead to more antidepressants being used and even better will help Pharma hide the escalating cost of psychotropic drugs.

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Let me show you how this 3 card trick happens. Here is an X-Ray of my broken shoulder from some years back. It happened on a Friday morning. I was told it needed plating or it would never work properly again. I had the operation in the afternoon and was back at work on Monday. If all healthcare delivered a Fix like this, it could be delivered for free – it gets people out of beds and back at work. This was good for me and good for all of you too – you didn't have to pay for a locum to cover my duties etc.

Slide 15:

Back around 1989, along with Prozac, drugs for osteoporosis came on the market promising – in ghostwritten articles with no access to the data - a comparable Quick Fix that would be as good for the woman in this advert and for all the rest of us as the plate in my shoulder. Guidelines recommended them and you were persuaded to fund screening programs to ensure everyone got the benefits.

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These programs led to letters like the one you see here to me from BCUHB inviting me to be screened for osteopenia or osteoporosis. Now even while the people running the screening program may offer non-drug advice for osteopenia, the quickest fix and from a services point of view the best risk management lies in giving the drugs.

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These drugs cause a lot of problems – that were airbrushed out of the “scientific” literature. They cost a lot of money. But even more money is spent on the screening staff and later on the auditors and managers employed to sort out why we are seeing a huge increase in Spiral fractures – these almost irreparable fractures never seen before the bisphosphonate drugs.

And so the fraction of healthcare budgets these drugs take drops even while the drugs are pushing up the overall cost of health services drastically.

What I am saying about antidepressants and osteoporosis drugs in terms of Fake News and how they lead to more rather than less healthcare expenditures applies to most drugs we use today except Triple Therapy for AIDs and a very few others.

Pharmaceutical companies aren't about making you better than well – they're about making drug sales better than good – they want to transition drugs from poisons into sacraments.

Sacraments are a quick fix. Poisons are not. Poison may sound like a strong word – but a medicine is a chemical plus information. The chemicals are always risky. The information we have is increasingly Fake.

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This Fake News has led to a change in the climate of healthcare – with services addicted to quick fixes rather than care – solving your problems in the least risky way.

When you hear talk about changing climates most of us think about global climate change. You can't yet see the sea level rising in Cardiff Bay just outside here but if you check the BMJ and other major journals this year you will see that we now think you will die earlier than we thought you would just two years ago.

Through to 1989, most of you were on only one drug per year - an antibiotic for a few weeks.

Now 40% of people over the age of 45 are on 3 or more drugs every day of the year and 40% of people over the age of 65 are on 5 or more drugs. And guidelines mean that every year you live the number of drugs you are on increases – many of us over 70 are on 10-15 drugs a day.

There is increasing evidence that reducing this burden of medication to 5 or less increases life expectancy, reduces hospitalization rates and in some cases can lead to a dramatic rebirth of the person. There is a limit to the number of quick fixes we can have.

Faced with escalating healthcare costs, politicians blame the elderly – we have no option but to throw more and more money at them you say. You make it sound like Care. It's not Care. You are throwing quick fixes at them that make the problem worse – just as we are doing with our children.

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In all this, antidepressants pose a huge problem. If you are on one, and 1 in 6 people in Wales are, when you or someone you love needs to get down to 5 medicines or less, as James and Stevie will tell you, it may be impossible to get off these.

And look at some of the problems antidepressants cause both going on and coming off them.

- Suicide, Homicide, Personality change, Alcoholism – these have all been issues for members of this House as you will know.
- Enduring Sexual Dysfunction – you won't be able to make love on them and may never be able to again after you come off them.
- For your daughters who may be unable to get off them, they double rates of miscarriage, birth defects and autistic spectrum disorders
- For your parents they cause Osteoporosis, Diabetes, Dementia, Neurological Disorders, and increase Cancer Mortality among other things. These conditions are all likely to lead to even more drugs being used.

One of the key things politicians here have in their control is this – if someone cannot get off an antidepressant, the way services are organized here, they can only get help through the substance misuse service. You make your children and your parents rotten apples rather than grapple with the rotten barrel.

The lives of your children or parents are at stake. The future of politics is also at stake. In the last decade the discretion and responsibilities of both doctors and patients have been whittled away by technocratic “fixes”. This approach to care has eliminated both my discretion and the discretion of anyone who comes to see me and would be a problem even if based on fully accessible data but is an even greater problem when based on fraud.

This whittling away threatens political discretion and responsibility also and politicians here ignore it at your and our peril.