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MINDFREEDOM IRELAND)

EXECUTIVE REPORT
FOR THE OIREACHTAS
SUBCOMMITTEE FOR
HEALTH

RECOMMENDATIONS

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- 1. To make the reporting of suspected adverse effects mandatory for health professionals and allow the public the opportunity to report such suspected adverse effects themselves.*
- 2. To allow INDEPENDENT public inquiries into the withdrawal of any drug in safety grounds or where a drug induced harm has not been prevented because of MISINFORMATION or lack of information on the drug description to the public and/or health professionals.*
- 3. To set up an independent body from the IMB to monitor pharmacovigilance once the drug is approved.*
- 4. To set up a nationwide programme to encourage GENERIC prescribing for doctors and to encourage pharmacists to issue generic drugs as an equivalent for any drug that has such a generic form as their common practice in the community as it is done in hospital.*
- 5. To audit doctors prescribing habits and provide independent educational workshops to root out irresponsible prescribing in Ireland that causes great harm and it is completely preventable. For patients drug profiles to be reviewed monthly or every 3 months. Prescriptions drugs should be kept to a minimum and be the last resort of treatment not the first.*

6. *To curtail Pharmaceutical industry representatives visits/leaflets to GPs/doctors for the first year after drug launch.*
7. *To reform the IMB according to the relevant recommendations of the UK Health Committee Report regarding the MHRA.*
8. *To alter the Patient's leaflets of all antidepressants to include "This product is not recommended for MILD DEPRESSION as the risks outweigh the benefits".*
9. *To alter the Patient's leaflets of all SSRIs to include a clear warning regarding the increased risk of children/adolescents/young adults suicidality **of the product**. Also include a clear warning for the possible increased risk of adult suicidality **of the product**. This is consistent with patient's leaflets in the USA & Canada.*
10. *For the public to have a real input on the language/content used on drug patients' leaflets to make the risks and the benefits **clear and concise**.*
11. *For the Irish Medical Organisation to become accountable by auditing their members practice routinely. For an independent body to investigate any **CLAIMED WRONG DOING** by doctors, including lay members of the public as well as independent medical experts on the panel. Compensation from such harm should be provided quickly and victims given the opportunity to tell their story also gaining any*

necessary support without the need to fight for it. OPEN mediation should be part of the reconciliation process.

12. For the Pharmaceutical industry to have a mandatory responsibility to release any safety information on their product within 10 days of knowledge. Any breach of such responsibility should be reprimanded heavily in the way of sanctions, penalties or withdraw of product from the market. Any harm induced by lack of information or misinformation should be compensated by the industry quickly and without the need to go to court. A fund should be set up by the industry to do just that. It is long past time for these companies who have become extremely WEALTHY at OUR EXPENSE to start PAYING their own way and ACCOUNTING for their MISTAKES / RESPONSIBILITIES / FRAUD / NEGLIGENCE/HARM.

*13. For the Pharmaceutical industry to have a **mandatory** responsibility to publish ALL RAW DATA from their clinical trials on an **independent** database run by an **independent** body.*

14. Ireland is overmedicated when it comes to the treatment of depression, especially mild depression (67% of cases in the community in the UK). GPs should be encouraged to stick to the NICE guidelines for the treatment of COMMUNITY depressions to reduce drug-induced harm. Therefore they should refrain from prescribing antidepressants to MILDLY depressed patients or for other unlicensed reasons (e.g. exam stress). INDEPENDENT Educational workshops for doctors in

the appropriate treatment of depression in the community should be set up IMMEDIATELY.

15. To limit the use of a new drug for the first year after launch (where an alternative drug already exists in the market) to patients that are resistant to an older alternative drug for their condition only.

16. Appropriate NON-DRUG alternative treatments for depression should be made readily available in the Community (i.e. counselling, psychotherapy, cognitive behaviour therapy, breathing exercises, Eye Movement Desensitization and Reprocessing (EMDR) therapy, motivation/walking/meeting clubs, acupuncture, yoga, life coach / stress management courses...etc).

17. For conflict of interests and bribery to be highlighted, DISCONTINUED and not tolerated for ANY health care professional. It should be part of their conditions of employment to the National Health Service.

*18. For the National Health Service to provide **necessary training** for their workforce independently from the Pharmaceutical industry. Or for the industry to contribute to an educational fund **not attached to any product or company in particular** and run by an independent body to aid the necessary educational programmes in the NHS.*

19. *For the relevant recommendations of the UK Health Committee Report to be applied to national charities, medical journals, universities, etc...in Ireland.*
20. *Disease mongering is a reality today in Ireland. Therefore any national disease awareness campaign should be done in the best interest of the patients. Like “Healthy Bladder Awareness Week”, “Asthma...depression...cancer...alzheimer’s...parkinson’s....COPD... etc... awareness week/day” should be not financially supported by any corporate company or national charity subsidised by the industry, it should provide factual information, not widening the scope of the disease to include milder forms to come forward for treatment when it is not required. Also it should not encourage preventative measures that include more pharmacological treatment for something that may never happen. Health prevention measures should be directed to good diet, regular exercise and general well being without any kind of drugs (prescribed or otherwise –including alcohol-).*
21. *TV disease awareness advertisements are INDIRECT advertising to the public. The Pharmaceutical industry runs them and leads to patients going to their websites where they fill questionnaires to take to their doctors with the company logo all over it for the use of their latest drug, that their representatives have told most/all GPs about beforehand. Should not be tolerated. Eg. Pfizer and the overactive bladder campaign, Eli Lilly offers an SSRI for their patients with overactive bladders with the full potential risks that such a drug carries*

and they are not fully disclosed at present!!! Some of those ads include national charities giving them some kind of “recognition” where the case is, that the charity themselves are supported by the industry and follow the industry ethos, not necessarily what is the best independent treatment for their condition. This could lead to people being MISLEAD. It should be discouraged, monitored and if necessary national charities should also be reprimanded.

22. To collect figures for the economic burden of prescription drug-induced illness in Ireland at present to be measured, it is feared that it could amount to VASTS amounts. The overall cost of all drug-induced harm can be MASSIVE and most of it preventable. Drug reactions in hospitals only, may constitute either the 4th or the 6th leading cause of death behind heart disease, cancer & stroke (Lazarou et al, 1998). We need to do this to recognise the extent of this HARM taking place in Ireland. Once the figures are known targets can be set and achieved, to reduce all preventable HARM, saving money and more importantly SAVING LIVES in the Island of Ireland.