Submission to Defence Committee inquiry on armed forces and veterans’ mental health

Submission of Dr Ashley Croft

Executive summary

- A factor in the decline in armed forces mental health, since the 1990s, has been the Ministry of Defence’s extensive use of Lariam, a strong antimalaria drug.

- Recklessly, and almost alone among western military organisations, the MoD continues to prescribe Lariam to deploying troops, as antimalaria prophylaxis.

- Besides Lariam, Q fever cases in the military has contributed to a worsening in mental health.

Introduction

1. I am Dr Ashley Croft. I am a licensed medical practitioner. I trained and qualified in medicine at Guy’s Hospital, London in 1985. I joined the Army as a junior medical officer in February 1986. I continued to serve in the Army in various roles and theatres until I retired in April 2013.


3. In May 2000 I was elected a Fellow of the Faculty of Public Health Medicine of the Royal College of Physicians of London – FFPHM. This is the highest category of membership, and is granted through a peer-review process, in recognition of distinguished professional achievement.

4. I have been a consultant for 23 years. I am currently in independent practice. My main area of expertise is infectious diseases. I have researched, published and taught extensively, in this field. While still a uniformed medical officer I carried out original research that touched on mental health [1], [2].

5. In 2015–2016 I was invited to give oral and written evidence to a previous Defence Committee inquiry, The use of Lariam for military personnel [3]. As I shall show in this submission, there are important areas of overlap between the present inquiry into mental illness, and the earlier inquiry into the use of Lariam by the Ministry of Defence.

My conflicts of interest

6. I have no conflicts of interest as regards this inquiry. I am not a member of any lobbying body or pressure group. I am not employed by any drug company.

7. My observations in this submission relate mainly to the Army. I have some experience of the other two armed services, having worked in tri-Service operational headquarters in both Bosnia and Afghanistan.
Military mental health in the 1980s

8. This inquiry into the mental health of Armed Forces personnel (both serving personnel and veterans) is welcome, and long overdue.

9. At the time when I joined the Army Medical Services, in February 1986, I and my fellow entrants were told by our instructing medical officers that mental health ‘indicators’ for soldiers, compared to their equivalents in young civilians, were favourable. A number of reasons were given. Amongst those cited was the fact that the Army workforce was a carefully screened body, and that it enjoyed secure employment, good food and accommodation, the opportunity to play sport, and a strong social support network in the form of the ‘regimental system’.

10. On becoming a regimental medical officer I found that soldiers were indeed mentally robust. In my four years as a front-line GP I saw and treated thousands of soldiers. They were mostly young males, aged 18–24. As I recall, I only ever diagnosed three soldiers with a reactive mental illness.

The decline in military mental health

11. From the 1990s onwards, the mental health of the Armed Forces began to decline. It is likely that this was multifactorial. One of the causes of the worsening mental health of soldiers, in my opinion, was the introduction of Lariam.

12. Lariam (known also by its pharmacological name, mefloquine) is a strong antimalaria drug that was developed by the US Army in the 1960s, to treat malaria in their deployed troops in Vietnam. From the 1980s onwards it was marketed by Roche, a multinational drug company based in Basel, to prevent malaria in tourists and business travellers [4].

13. In 1993 the British Army adopted Lariam as its preferred drug for chemoprophylaxis against malaria [5]. From that point onwards Lariam was administered compulsorily to all troops who deployed to Kenya on the recurring exercises that took place annually in the Nanyuki Highlands.

14. Each year there were three British Army exercises in Kenya known as ‘Grand Prix’, and one annual exercise known ‘Monoprix’. There were also two Royal Engineer exercises each year, known as ‘Crab Apple’ and ‘Oak Apple’. Approximately 1500 soldiers took part in the three ‘Grand Prix’ exercises, 400 in the single ‘Monoprix exercise, and 300 in the two engineer exercises.

15. Each year, therefore, some 2,200 British soldiers took Lariam, for training exercises in Kenya. Some soldiers took Lariam for other deployments (for example, to Rwanda in 1995, to Sierra Leone in 2000 and to the Congo in 2003. Royal Navy personnel also took Lariam, although in much smaller numbers. Some RAF personnel were also issued with this drug.

16. The total number of UK Armed Forces personnel who took Lariam over the 25-year period starting in 1993 is therefore approximately 60,000.

17. Lariam does protect effectively against malaria. In a proportion of users however it causes adverse reactions, including neuropsychiatric reactions. These can in some cases be permanent.
18. My own research into Lariam has led me to conclude that between 1–2% of all Lariam users will experience a severe or very severe reaction to this drug [6]. From 1998 onwards I personally represented the dangers of this drug to successive Surgeon Generals (i.e. the senior medical advisors to the Ministry of Defence). My concerns were not acted upon.

19. It has now been reported that some 3,000 military personnel, both currently personnel serving and veterans, are bringing actions against the Ministry of Defence, alleging that their health (in most cases, their mental health) was damaged by their taking Lariam. The true figure of those damaged by Lariam may be higher, since some of the damaged personnel may have died, and others may not be aware of the link between their current ill-health and their prior use of the drug.

20. There is one additional risk factor besides the use of Lariam which has contributed to the worsening mental health of the UK armed forces, and which falls within my expertise. This is Q fever, a vaccine-preventable infection which affected some hundreds of UK troops in Afghanistan between 2006–2011 (because they weren't vaccinated), and which can have disabling psychological sequelae [7].

Conclusions

21. Lariam is a risk factor for mental illness which can be easily mitigated through the simple expedient of not prescribing the drug. Other and equally effective antimalaria drugs, such as doxycycline monohydrate and atovaquone-proguanil (Malarone), have been available for many years.

22. Other military organisations have adopted the policy of no longer prescribing Lariam. This includes the US military (who developed the drug). The MoD should follow.

23. The evidence shows that the UK Ministry of Defence became aware of the hazards of Lariam in late 1995 [8]. The MoD suppressed this evidence. Over the next two decades it relied on ill-judged and in fact reckless advice from successive Surgeons General, and carried on dispensing Lariam to a vulnerable and disenfranchised population [5]. The MoD continues to do so, even now. This is unacceptable.

Ashley Croft

Dr A. M. Croft, MA (Oxon) MBBS MSc DMCC DTM&H FFPHM
Consultant Public Health Physician – Medical Epidemiologist

One Harley Street
London
W1G 9QD

AshleyCroft@doctors.org.uk

References


