Professor David Nutt, a man with a Mission

Professor David Nutt, Head of Community Based Medicine and Professor of Psychopharmacology at Bristol University, is a very well qualified, well networked and influential man. David.J.Nutt@bristol.ac.uk

The Professor works on brain mechanisms of addiction, GABA, receptors and so on. He has expressed a belief that psychotherapies are over-hyped, potentially dangerous and possibly ineffective. He produces papers with subjects such as 'Why does the world have such a "down" on antidepressants?' Perhaps with 300 shares in GSK he might be justified in asking such questions. Professor Nutt promoted Seroxat at Glaxo's launch of Seroxat for "social anxiety disorder". With Karl Rickels and Dan J. Stein, he produced a book in September 2002 on the subject of "generalised anxiety disorder". Anxiety is quite obviously a deep and vexed question with multiple identities, though there are those who think not.

In 2006 there was a consensus meeting on the use of ADHD drugs in adults and adolescents. It was organised by the British Association for Psychopharmacology (BAP) and funded by Cephalon, Janssen, Lilly, Shire UK and Shire US - all drug companies that manufacture ADHD drugs - Adderall, Modafinil, Concerta and Strattera. The Consensus Group was headed by Professor David J Nutt. Apparently there was strong evidence for wider use of the drugs for those who were missing out.

Professor Nutt has said he believes that benzodiazepines can be used safely by psychiatrists and holds disturbing views on their health impact. Professor Nutt has disturbing views on many drugs and on drug use. In July 2004 he told the Independent newspaper that anti-drug addiction vaccines for children were likely to be among his panel's recommendations when it reported in 2005. He said:

"People can be vaccinated against drugs at birth as you are against measles."

Professor Nutt has a great deal of chutzpah.
In a May 2004 presentation entitled 'The Development of New Benzodiazepine (BDZ) and Other Sedative-Anxiolytic-Hypnotic (SAH) Guidelines Suitable for Use by General Adult Psychiatrists', he emphasised that benzodiazepine withdrawal reactions take a long time to develop:

"4 weeks: very low risk
4 months: 5–10%
2 years: 25–45%
6–8 years: 75%"

Professor David Nutt was still saying at the end of the 20th Century:

"The case for benzodiazepine dependence causing real damage has not been made."

According to the Medical Research Council website for 2008 Nutt has the following major declarations of interest:

Personal Remuneration (employment, pensions, consultancies, directorships, honoraria etc)
Consultancies/Advisory Boards – Pfizer, GSK, Novartis, Organon, Cypress, Lilly, Janssen, Lundbeck, BMA, Astra-Zeneca, Servier, Hythiam, Sepracor
Speaking Honoraria – Wyeth, Reckitt-Benkiser, Cephalon
Grants or clinical trial payments – MSD, GSK, Novartis, Servier, Janssen, Lundbeck, Pfizer, Wyeth, Organon

Professor David Nutt is a very busy man but you might feel inclined to comment on his views as Mandy Rice-Davies did regarding Lord Astor's statements during the trial of Dr Stephen Ward – a quip which is frequently used by politicians in Britain: "Well, he would say that wouldn't he?" David Nutt fits in well with the fine tradition of minimising injury illustrated at its best in 1980 by the Committee on the Review of Medicines, in its 'Systematic Review of the Benzodiazepines'. It concluded that:

"The number dependent on benzodiazepines in the UK from 1960 to 1977 has been estimated at twenty-eight persons. This is equivalent to a dependence rate of 5–10 cases per million patient months."

By that time there had been hundreds of millions of prescriptions and the conclusions were nonsense – so is what Nutt says about tranquillisers and their impact on health.
Professor David Nutt, MRCP MRCPsych FRCPsych FMedSci is the very model of a modern medic-general. He was formerly the Home Office advisory council's chief scientist but in 2008 in succession to Sir Michael Rawlins he acquired the top job - chairman of the Advisory Council on the Misuse of Drugs. Professor Nutt had already suggested ecstasy is less dangerous than alcohol and tobacco. He has long been an enthusiastic supporter of moving MDMA - the chemical name for Ecstasy - down to Class B from A, likewise LSD. He had already called the Government's decision to upgrade cannabis to class B from class C by the Home Secretary Jackie Smith, "naive".

It really seems that some strong disagreements might be going on in Whitehall over drug policy. Government has calculated that the public like tough laws and actions over illegal drugs so why then did it appoint Professor David Nutt as ACMD chairman? Nutt is on record as wanting to completely overhaul the whole system of Home Office drug classification which he says doesn't deter anyone from taking drugs. Whatever the reason, Nutt is now in a very strong position to push a message that government will want to hear – that benzodiazepines are not all that much of a problem for health. One wonders though how Dr John Marsden, also on the ACMD, will work with him. Marsden is a psychologist and senior lecturer in addictive behaviour at the division of psychological medicine and psychiatry at the Institute of Psychiatry, Kings College, London. He's also a senior editor of the scientific journal Addiction. In November 2007 on a Channel 4 television programme called 'Britain's Deadliest Addictions' he said:

"If any drug over time is going to just rob you of your identity and be an ironic reaction to early effectiveness – [leading] to long, long term disaster, it has to be benzodiazepines."

Translation: If there are drugs which over time are going to rob you of your identity though they may have been effective early on, it has to be the benzodiazepines. When prescribed long-term they lead to disaster for individuals.

Strange and diametrically opposed views on tranquillisers – who is right and I wonder why?

Professor Andrew Parrott a researcher at Swansea University has 15 years of extensive research experience with ecstasy in humans and has around 50 refereed journal articles, 120 conference papers and has been awarded academic awards for his Ecstasy research. He published the first paper to show memory deficits in young Ecstasy users compared to similar aged controls and has organised several international conferences. Metro newspaper in November 2008 described how Parrott had criticised two articles written by Prof Nutt in the previous two years, one of which ranked ecstasy as 18th out of 20 drugs in terms of "harm". Nutt's scale for drug-related harm was published in 2007 in the Lancet and put heroin in number one position, followed by cocaine in second while tobacco was ninth.

Professor Heather Ashton has analysed the new drug rankings suggested by Professors D. Nutt and Colin Blakemore. The logic in her position is in my view a great deal more accurate.

Nutt and Blakemore's Drugs Ranking

Mean harm score rankings: 1 heroin, 2 cocaine, 3 barbiturates, 4 street methadone,

5 alcohol, 6 ketamine, 7 street benzodiazepines, 8 amphetamine, 9 tobacco,

10 buprenorphine, 11 cannabis, 12-20 others (including LSD, ecstasy, methylphenidate, anabolic steroids).

The "logic" is not clear in this new classification of the harmful effects of drugs of potential abuse by Nutt and Blakemore. They claim to arrange the drugs in order on a "rational" scale taking into account (1) physical harm to the individual, (2) tendency to produce dependence, and (3) effects on family/community/society – including health care costs.

But they are comparing apples with pears, so to speak.

Physical harm to the individual

How can one compare the physical harm to the individual of an IV injection of heroin or a benzodiazepine with a syringe that may be contaminated with HIV/hepatitis, or a mistaken injection into an artery instead of a vein (it is not the drug itself but the contamination or mistaken site of injection that causes the harm, except in the case of an inadvertent opiate overdose) with the harm caused by years of tobacco inhalation (again it is the smoke not the nicotine that causes most of the harm) or of years of alcohol abuse? Tobacco and alcohol abuse cause far more deaths in the long run than heroin or cocaine which are ranked at the top of the list, and research suggests that we may be sitting on a time bomb of schizophrenia and lung cancer from smoking cannabis. Clearly, the harm to the individual depends as much on the dose, duration of use, and long-term effects of drugs, as on the acute risk of contamination in IV injections.

Tendency to produce dependence

One cannot compare different types of dependence. Experts, such as Malcolm Lader have claimed that the withdrawal effects from benzodiazepines are worse than those of heroin. This is a quote from a heroin addict who was also an illicit benzodiazepine abuser: "I'd rather withdraw heroin any day. If I was withdrawing from benzos you could offer me a gram of heroin or just 20mg of diazepam and I'd take the diazepam every time. I've never been so frightened in my life." [Seivewright N and Dougal W (1993), 'Withdrawal symptoms from high dose benzodiazepines in polydrug users'. Drug Alcohol Dependence 32: 15-23]. Other experts, such as Michael Russell, claim that nicotine is the most addictive of all drugs. In "liking" tests, which are used to score the dependence liability of drugs, amphetamines come out on top. Meanwhile clients seeking help at the North East Council of Addictions are keen to tackle their alcohol and opiate problems but are unwilling to face withdrawal from cannabis. Thus the dependence potential of a drug depends on individual characteristics and personality and why the drug is taken – some people (the risk takers) go for a positive "hit"; others (the more nervous) go for anxiety relief, while the majority of drinkers and smokers seek something in between.

Effects on family/community/society and health care costs

Alcohol is probably pre-eminent, followed by prescribed benzodiazepines and tobacco smoking (including passive smoking). Ketamine, rated high on the “rational” list can be costly but involves relatively few people. As for health care costs, this is a political matter which depends on how much the government decides to spend on each drug problem. Cannabis and (prescribed) benzodiazepines rate rather low on the list, for example, because almost no money has been spent on them.

Far more people worldwide die firstly of smoking and secondly of alcohol related diseases (though alcohol is rated more dangerous than smoking in the list) than from heroin and cocaine (rated 1 and 2), mainly because far more people smoke or drink excessively than take heroin or cocaine. More people’s lives, and that of their families, have been adversely affected by cannabis and prescribed benzodiazepines (which spawned illicit benzodiazepine use) than by heroin and cocaine, again because more people take cannabis and benzodiazepines than heroin and cocaine.

Many of the above factors are considered in the Lancet report. It was helpful to include tobacco and alcohol in the rankings and it is not surprising that there was little agreement with the legal A, B, C classification which was designed for a different purpose. But the new ranking, though claimed to be evidence based, is hardly tenable on scientific grounds.

The method used was to engage two panels of “independent groups of experts” who are not named. The first panel consisted of consultant psychiatrists who were specialists in addiction. Replies were received from 29 of 77 doctors approached (about 26%). These were asked to rate 14 of the drugs on a scale of 0-3 in terms of physical harm, dependence and social harms. The second panel included chemists, pharmacologists, forensic scientists, medical specialties, and legal and police services who considered all 20 drugs on the list. These experts held four meetings, varying from 8-16 participants per meeting, at which judgements were made by "delphic discussion" [A delphic discussion consists of reaching a consensus by a formal process involving repeated submission of positions after hearing the views of others.] Individuals were invited to revise their scores if necessary in the light of the discussion, after which the final mean score was calculated.

A delphic discussion may well be a way to obtain a consensus, as in a jury. It may have political utility in a democracy (whether Greek or British) but it is ultimately based on subjective impressions and the persuasiveness of individual panel members. In my opinion, the “rational scale” is flawed and may actually mislead the regulatory bodies, at which it is aimed, in the assessment of the harm of drugs of abuse.

C.H. Ashton

I received an email a few days ago. Heather Ashton had been contacted by a Tranquilliser group who said they had a prospective client who had been referred to Professor Nutt by a GP. Nutt had (it was said) told the client that benzos were completely non-problematic, non-addictive and that he now works for the Government and intends getting the advice and guidelines re: benzos reversed. In November 2008, Nutt gave a lecture in Newcastle to psychiatrists and medical students, citing no evidence but giving his expert opinion that tolerance does not develop to the anxiolytic effects of benzos .You can take them for as long as you like (many years) and the only trouble you will find is when you try to withdraw. He also said that anxiety,

as a symptom, does not occur in SSRI withdrawal ("discontinuation"). As Professor Ashton comments, ‘the worry is that his lecture was attended by about 100 medical students who are the future prescribers- and by psychiatrists - our present prescribers’.

There is something of a contradiction in all of this - or perhaps if Nutt has his way there won’t be. Patients complaining to the Department of Health about what has happened to them because of benzo prescribing are constantly told that the department’s priority is to prevent addiction occurring in the first place. Addiction occurring in the first place has not been prevented but that is another story. On the other hand we have a senior government adviser declaring that there is not much wrong with the drugs. I asked the DoH about this a long time ago but they made no comment. Patients writing to me are making a lot of comments, some of which are actually printable surprisingly.

Nutt has no evidence for his views that would stand up in the court of experience and perhaps not in medicine and to produce anything that purported to be that would be to pervert the reality lived through by tens of thousands. It would be rather like claiming the survivors of the holocaust enjoyed the experience,

Professor David J Nutt is a dangerous man. He is the face of much of modern medicine. Unlike Heather Ashton, Robert Lefever and others who have understood what they have seen and have worked at the sharp end of benzos, Nutt is the uninvolved academic mind personified. For him if the evidence isn’t there then the damage doesn’t exist. He probably never asked himself the question of whether research into the myriad of symptoms reported by patients had ever taken place.

Benzos do no real damage except in withdrawal according to the man of influence. Patients have reported it for decades but they don’t provide the sort of evidence his little grey cells need. So much of medicine has lost the reason for its existence. What people tell doctors to initiate prescribing is quite acceptable but what they tell doctors afterwards, if it differs from received wisdom is not - except to those with an open mind. These personal and serious side-effects of benzo use recognised by experts more in touch with humanity than Nutt and recognised with variations by thousands of patients did not occur – trust Professor David J Nutt, he’s an expert!

Side-Effects of Taking Valium for Teaching Stress

Loss of the ability to think rationally – leading eventually to inability to work
Depression – given medication
Apparent IBS – given medication
Loss of emotion – leading to inability to relate
Muscle Pains – given medication
Apparent arthritis – given medication and hospital tests
Apparent agoraphobia – given medication
Apparent paranoia
Swollen painful testicles
Anxiety – given medication
Lethargy
Flu- like symptoms
Insomnia
Memory loss
Mood changes
Self harm
Severe headaches
Difficulty with swallowing
Skin Problems

Irrational Behaviour
Rectal bleeding – hospital tests
Raise blood pressure – given medication

Symptoms While Withdrawing and After Withdrawing (at present five years)

Sore mouth and tongue
Tinnitus
Severe tightening of muscles
Severe joint pain
Severe Headaches
Severe Diarrhoea
Burning sensations
Feeling Cold
Feeling Hot
Blurred Vision
Sleep apnoea
Apparently real Nightmares
Breathing problems
Hypersensitivity to noise
Hypersensitivity to light
Dizziness
Palpitations
Insomnia
Mood swings
Shaking
Severe Sweating
Tight chest
Tight Head
Numbness in various parts of body
Aching teeth, jaw
Numb teeth, gums
Hyperactivity
Floods of saliva
Nasal Bleeding

Non-medical Effects caused by medicine

Affected family relationships
Inability to work
No proper pension
Forced to sell house so wife could work belatedly as teacher in London
Wife no proper pension
No wider relationships
Loss of driving licence
Total economic insecurity

Nutt is attempting to write and speak out of existence the experience of very large numbers of people and one wonders why he is doing it. Is he misguided, blinded by academic medicine or his relationship with drug manufacturers? Is he intoxicated by his own significance? Whatever the reason, he is both wrong and a howitzer aimed at the innocently addicted and destroyed. One thing is certain, his views and role in illegal drug classification give carte blanche to government to view addicted patients as the equivalent of illegal drug users. A little patient responsibility goes a long way to protect medicine it would seem. Where did it all go wrong?

Quotes:

"Withdrawal symptoms can last months or years in 15% of long-term users. In some people, chronic use has resulted in long-term, possibly permanent disability." – Professor C Heather Ashton DM, FRCP, Good Housekeeping, August 2003

“Not only do benzos create a physical addiction, the drugs can alter how the brain processes neurotransmitters that calm a person down.”
Dr Harris Stratyner vice chairman of the National Council on Alcoholism and Drug Dependence, August 2008

"We have enough data here that certain of the benzodiazepines [sedatives and tranquilizers] are capable, after a single dose, of significantly disrupting certain kinds of cognitive and/or intellectual functions.”
Dr. Louis Gottschalk, neuroscientist, University of California.

"There's no scientific evidence to indicate that one particular tranquilliser is worse than another ... To act just against one would he wrong because there is a problem with the whole group." – Professor Michael Rawlins, member of the Committee on the Safety of Medicines and chair of its Subcommittee on Safety, Efficacy and Adverse Reactions, Brass Tacks, BBC2, October 20, 1987.

"Thousands of people could not possibly invent the bizarre symptoms caused by therapeutic use of benzodiazepines and reactions to their withdrawal. Many users have to cope, not only with a frightening range of symptoms, but also with the disbelief and hostility of their doctors and families...”
Trickett S. Withdrawal from Benzodiazepines. Journal of the Royal College of General Practitioners 1983; 33: 608.

"The developing foetus can be congenitally malformed; it can have heart attacks in the womb. We also know that the newborn baby born to somebody taking benzodiazepines will have difficulty breathing and they would have floppy muscles – what doctors call a 'floppy baby' and they may be unduly cold because the temperature regulation, which is so important to a baby, is disrupted ... Well I think if any doctor is prescribing benzodiazepines to a pregnant woman, he should check his indemnification status because it is in fact illegal prescribing." – Robert Kerwin, Professor of Psychopharmacology at the Maudesley Hospital in London, BBC Radio 4, Face The Facts, March 16, 1999.

“When they first came out they were seen as some sort of panacea – or universal remedy. But with constant use it was found they turned people into zombies in the end." – Dr Ian Telfer, Consultant Psychiatrist, West Pennine Health Authority, UK.

"Amnesia is frequently a real side effect of the use of benzodiazepines and not just a figment of the individual's imagination or a coincident symptom of emotional disorder."
"It is recognised that the use of benzodiazepines has been (and is still) far too widespread and they are frequently prescribed for trivial and imprecise indications. This has arisen from the belief that benzodiazepines were safe compounds."
"It is now acknowledged that the risks of benzodiazepines far outweigh the benefits in many cases.”
Priest RG, Montgomery SA. Benzodiazepines and Dependence: A College Statement. Bulletin of the Royal College of Psychiatrists 1988; 12:107–109

"A lot of people have been damaged by the over-prescribing of benzodiazepines. They get repeat prescriptions—and then they get stuck on them. Symptoms include intense anxiety, panic attacks and sleeplessness... Users go through life semi-tranquillised in a state of hypnosis. They're still being doled out without much thought."
Robert Kerwin, Professor of Psychopharmacology at the Maudsley Hospital, 1999

Colin Downes-Grainger at
www.benzo.org.uk
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