

## The First Duty of the State is the Protection of Citizens?

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In 1980 the UK Committee on Review of Medicines (CRM) responsible for monitoring drug safety, came to the not so informed and scientific conclusion that the number of UK patients who had become dependent on benzodiazepine tranquillisers and hypnotics between 1960 and 1977 was **28**.

In 1988 its successor the Committee on the Safety of Medicines (CSM) took a different view. It said amongst other things:

*“There has been concern for many years regarding benzodiazepine dependence. (Br.Med.J.1980:280,910-912) Such dependence is becoming increasingly worrying.”*

Between 1980 and 1988 there were 244.7 million benzodiazepine prescriptions issued in the UK. Even Professor David Nutt of Bristol University, government adviser and a believer in benzodiazepine and other drug use, estimated in May 2004 that although (in his view) BDZ 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%

They do exist.

What happened between 1980 and 1988 to change the medical establishment view of benzodiazepines?. It certainly was not due to new research, a re-examination of the old, or the monitoring of patients, but more to media exposure of what was happening to real people with real lives. A BBC programme, *That's Life*, highlighted in 1984 the huge numbers of patients who had been taking the drugs for many months and years, without doctors or anyone else in medicine suggesting that the failure in their health and living was due to the prescriptions they were taking. There was in addition, a steady stream of newspaper and magazine stories. In May 1982 the London Broadcasting Company began a two week series on different aspects of drug abuse but quickly found that the great majority of calls received were about the impact of prescribed tranquillisers.

But perhaps most importantly in the eyes of the state, in 1988 a legal action for compensation involving thousands of addicted or benzodiazepine injured patients began. It gradually petered out, not because the evidence of harm was not there, but because lawyers did not understand the evidence, the law was not framed to deal with the evidence and the defendant drug companies used procedural manoeuvres which ensured eventual failure and withdrawal of legal aid funding. But not before between £30-£35 million had been expended in legal aid. Unsurprisingly, rather than change the system, the state then created the Legal Services Commission to oversee applications for aid and act as a quasi court, the long-term result of which has been that it is now virtually impossible to sue drug companies as the recent Vioxx claimants found to their cost

But today there are still patients who have been taking these drugs for 30 years or more and there are still new patients becoming addicted. Why?

The CSM may have issued Guidelines to doctors in 1988 but in a letter to me in 2003 it made clear that it has no power or responsibility to follow up or enforce any Guidelines it issues. Clinical Judgement is still sacrosanct and with prescribers free to absorb the pharmaceutical message constantly thrust at them by manufacturers, any official or independent information is always mediated. The next official and clear advice to doctors came from the Chief Medical Officer at the Department of Health in 2004:

*“Doctors are being reminded that benzodiazepines should only be prescribed for short-term treatment, in light of continued reports about problems with long term use. Clear guidance for appropriate use was published in 1988 by the Committee on Safety in Medicines (CSM)....*

*Department of Health data show that in 2002, 30% of prescriptions for benzodiazepines were for 56 or more tablets, which suggests a high number of patients are receiving long-term treatment...”*

But this reminder came only after representations at the Department of Health by Professor Heather Ashton and benzo groups in October 2003. Professor Ashton estimates there are 180 benzodiazepine addicts per GP practice – around 1 million.

So the present legal system cannot or will not restrict drug damage and the UK drug regulators say it is not part of their remit to enforce any Guidelines they may eventually issue. But don't doctors notice what the drugs do to their patients?

In most cases apparently they didn't notice and today there are still those who still don't notice. Dr Jim Kennedy from the Royal College of GPs summed up the prescriber attitude to benzodiazepine addiction on the BBC Panorama programme *The Tranquilliser Trap* in May 2001:

Long-term prescriptions of benzodiazepines are still being given because:

- a) Patients choose to stay on them.
- b) Time and resources for careful withdrawal are not available.

**In other words, we didn't addict patients – they addicted themselves. We would like to help but sorry, we can't, because government and health trusts do not supply us with the means to do it.**

In a closely similar vein, as a comment on the Chief Medical Officer's note to doctors in 2004, Dr Peter Fellowes, Chairman of the British Medical Association's Prescribing Committee, said:

*“Some people have been on the drugs for many years and it is very difficult to get them off because they are very addictive.... We can nibble away at the problem, but it is a very time intensive thing to have to do.”*

**But it isn't that much of a problem is the official view.**

This is what the Mental Health Director of the Department of Health, Professor Louis Appleby said on the *Tranquilliser Trap*:

*“...the treatment of benzodiazepine withdrawal in some ways is not all that complicated. You need somebody to be able to supervise the gradual reduction of the amount of the drug you're taking and you need support and treatment for the kind of symptoms that then recur...”*

Leaving out the points that there is no **treatment** for benzodiazepine withdrawal that does not involve the use of other drugs, the symptoms recurring reference is an old canard traditionally used to hide mind-altering drug damage. The reply was given to the point made that clinics and withdrawal services that existed at the end of the 1980s and early 90s had shut down.

Is it hard to withdraw from benzodiazepine addiction? Many former iatrogenic addicts know that Donaldson was a million miles away from reality when he said that it wasn't. Professor Malcolm Lader of Kings College London, who amongst other things said in 1978 that benzos were the opium of the masses and in 1981 that there was an epidemic in the making, also said this in a BBC Radio 4 interview in 1999:

*"It just seems that the dependency is so ingrained and the withdrawal symptoms you get are so intolerable that people have a great deal of problem coming off. It is more difficult to withdraw people from benzodiazepines that it is from heroin."*

So with the Department of Health and its Regulatory Agencies playing down the impact of benzodiazepine addiction and the manufacturers feeding positive spin to prescribers and leaving out from their data sheets the full picture on their drugs, is it so surprising that doctors failed to recognize for so long what they were doing to their patients? They have no excuse at all.

Professor Heather Ashton had this to say at the Bristol and District Tranquilliser Project AGM in October 2005:

*"How the dependence potential of the benzodiazepines was overlooked by doctors...is a matter for amazement and casts shame on the medical profession which claims to be scientifically based...The similarity between benzodiazepines and barbiturates was ignored (despite a few warning voices, including my own, which went unheard)"*

There is no defence in logic, science or morality for what the Department of Health, politicians, near-the-throne bureaucrats, regulators and the medical profession have allowed to happen to many thousands of patients in the UK and still seek to hide and defend. The whole history has a strong air of the surreal about it but along with that goes a darkness which only the informed can recognize.

The last words could be given to those politicians who have made comments:

*"These drugs are responsible for more pain and unhappiness and damage than anything else in our society."*

Phil Woolas MP, Local Government Minister 2004

*"Tranquillisers are a national scandal."*

David Blunkett MP, former Home Secretary, 1994

*"Clearly the aim of all those involved in this sorry affair is the provision of justice for the victims of tranquillisers."*

Paul Boeteng, former Home Office Minister and Chief Secretary to the Treasury, 1994

*"Do the government accept that the nature of the mental and physical side-effects of benzodiazepine addiction is such that there are tens of thousands – possibly hundreds of thousands – who are suffering in despair, isolation and silence as a result of what my right hon Friend, the member for Sheffield Brightside (David Blunkett) called a national scandal as long ago as 1994?"*

John Grogan MP Parliamentary Question 22 May 2003

And to one of the victims among the thousands:

*“People’s lives have been ruined as a result of taking benzodiazepines. They’ve caused untold misery to the victims and their families...To add insult to injury, resources are not being made available...Doctors today are nothing short of drug lords...Doctors and the pharmaceutical companies have a lot to answer for.”*

Response to *The Tranquilliser Trap* 13 May 2001