Name: John Perrott
Is this input submitted as an organisational or individual response? Individual
Are you happy for your response to be published by the Academy? Yes

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Email from John Perrott to Professor Sir John Tooke
CC: Professor Dame Sally Davies; Sir Richard Thompson; Professor Steve Field
27 July 2015 19:37
Call for an independent review of the safety and efficacy of medicines by the Academy of Medical Sciences by Prof Dame Sally Davies,Chief Medical Officer, Department of Health.

Dear Professor Sir John Tooke,

I am writing regarding a BBC news article yesterday in which Prof Dame Sally Davies was reported as having concerns about the use of medicines damaging faith in the way research is carried out and presented, and 'about a view that doctors and scientists are "untrustworthy"'. The article said that Prof Dame Sally Davies has written to you in your capacity as President of the Academy of Medical Sciences to request an independent review of the safety and efficacy of medicines.
http://www.bbc.co.uk/news/health-33127672

I have provided research in an unpaid capacity for an All Party Parliamentary Group on Involuntary Tranquilliser Addiction (APPGITA) for the last 5 years. The APPG campaigned for patients' rights, who through no fault of their own have become addicted to benzodiazepine and z drug tranquillisers prescribed beyond the 2 – 4 week CSM guidelines issued in 1988.

I wish to contribute to the review being conducted by the Academy of Medical Sciences with the following evidence:

After 30 years of inaction by the Department of Health to help over a million patients who have been abandoned by their GPs on these prescribed drugs (with most likely to be addicted), the All Party Parliamentary Group on Involuntary Tranquilliser Addiction was formed in 2008 and chaired by the late Jim Dobbin MP.

The work of APPGITA and the campaign is documented on this website which I manage
http://www.appgita.com/

APPGITA worked hard to get the Department of Health to take effective action. In July 2009, Gillian Merron, then Public Health minister, announced that the Department of Health would conduct a policy review on addiction to medicines, including tranquillisers. Campaigners, some of whom had been bringing this issue to successive governments' attention for nearly thirty years, welcomed Gillian Merron's statement. However, it was not long before it was apparent that the process was developing into a sham for the following reasons:

1. The Department of Health and the Royal Colleges continually and consistently persisted to incorrectly treat the issue as substance abuse by the patients. This continued throughout the Department of Health's Policy review processes. In reality, patients were not warned regarding the addictive nature of benzodiazepines. One benzodiazepine widely used,

Ativan, had no warnings regarding dependence from Wyeth the manufacturer receiving a licence in 1972 until 1988, by which time a benzodiazepine addict population had been created. Wyeth knew that it was addictive in 1972 through the De Buck trials yet the regulatory authority at the time took no action. Evidence has been presented to Dr June Raine, Director, Vigilance and Risk Management of Medicines at the MHRA showing that Wyeth knew about Ativan by comparing drug data sheets from different countries yet, to this day, no action has ensued. I wish to point out that there are still patients being prescribed Ativan (lorazepam) today who became addicted in the 1970s. I personally suffered a 32 year addiction to Ativan and a protracted withdrawal with no NHS support because there are no NHS tranquilliser withdrawal services. The only support available is provided by a handful of specialist charities which have been supporting those iatrogenically addicted since the 1980s.

You may read more about this here - http://www.benzo.org.uk/behan2.htm

The MHRA routinely destroys clinical trial data after 5 years making accountability of drug companies almost impossible. Not one drug company has been prosecuted for withholding data and the MHRA appears to be the first line of defence for the industry. Not one of the recommendations which would benefit patients made by the Health Select Committee's 2004/5 report on the Influence of the Pharmaceutical Industry was implemented. The enquiry found that the MHRA is far too close to the industry and operates a revolving door system.

2. As part of its policy review, the Department of Health commissioned two reports, one from the National Addiction Centre at Kings College London, the other from the National Treatment Agency (now PHE). Professor John Strang who co-authored the National Addiction Centre (KCL) report informing the review had undeclared interests with manufacturers of the drugs which were the subject of the review, including Genus/Brittania which manufactures Ativan and Clonmel Healthcare which manufactures diazepam zopiclone and zolpidem.

   Professor Strang also had a financial relationship with Napp Pharmaceuticals, Reckitt Benckiser all of whom manufacture codeine containing over the counter products which were also part of the subject matter of the DH policy review. These conflicts of interest were not declared by Professor Strang at tendering or publication.

   Despite the fact that the NAC report was supposed to be a literature review it "missed" 129 papers documenting the harms caused by long-term use including correlation with early death; long-term use causing dementia; that 40 – 80% of users become dependent; the withdrawal syndrome being much longer than for other drugs of dependence; no mention of the post-withdrawal syndrome (PWS); that symptoms may persist for up to 5 years or more; withdrawal taking up to a year or more; social deterioration including failure in achievement and professional decline , divorce, bankruptcy; suicidal ideation, suicide attempts, suicides caused by addiction/withdrawal symptoms; depression; long-term illness being caused which is much worse than the original condition benzos prescribed for; long-term use causing agoraphobia, depersonalisation and perceptual distortions; benzo babies (floppy infant syndrome); and toxic poisoning.

None of these known harms were mentioned in the NAC report yet the scientific papers were all easily accessible from websites http://www.benzo.org.uk/amisc/rpeart.pdf http://www.benzo.org.uk/vot4.htm
Most notably Professor Ashton's voluminous work on tranquillisers and tranquilliser withdrawal was virtually ignored. Professor Ashton is a world recognised expert on benzodiazepines and has written over 70 papers on the subject. Professor Ashton wrote a manual on benzodiazepines http://www.benzo.org.uk/manual/ which underpins the successful slow taper method of withdrawal and also ran a tranquilliser withdrawal clinic in the 1980s.

The evidence of benzodiazepine related brain damage by another benzodiazepine expert, Professor Lader, was dismissed in one sentence. http://www.benzo.org.uk/lader2.htm

The late Jim Dobbin MP wrote to the Department of Health and Andrew Lansley regarding Professor Strang's undeclared pharmaceutical interest but no action was taken.

I have written to the authors of the NAC report asking for an explanation but they do not reply.

The report provided by the National Treatment Agency (NTA) informing the review was incorrectly on substance misuse. It contained incorrect information quoted by Earl Howe, Health spokesman in the House of Lords, more than once in Parliamentary debates, including the claim that most local areas had tranquilliser withdrawal services when a survey I conducted proved that 83% of local areas did not. Survey of PCTs in England recording provision of services for involuntary tranquilliser addiction by John Perrott

In 2014 the Department of Health figures for drug hospital admissions showed that prescription drugs dwarf those for illegal drugs with a total for heroin and cocaine combined at 4684 yet admissions for prescription drugs (benzodiazepines, z drugs and antidepressants) combined total 54,474. You would think the Department of Health would act on this yet inaction yet again prevails.

3. Further undeclared conflicts of interest in the benzo campaign included Professor Nutt. A submission was made to the ACMD in 2003 on the harms associated with benzodiazepine tranquillisers. On the advice of the ACMD Technical Committee chaired by Professor Nutt the ACMD concluded that the reclassifying and/or rescheduling of benzodiazepines would be likely to be ineffective. Professor Nutt had serious undeclared conflicts of interest at the time with benzodiazepine tranquilliser manufacturers, including Wyeth which manufactures Ativan. You may read more about this here Omand Review of the ACMD

   Professor Nutt has been a strong advocate of the use of drugs including benzodiazepines and antidepressants. He has financial links with many drug companies which he often does not declare. The credibility of the 2003 government inquiry into anti-depressant drugs on which he sat was questionable with most of the inquiry members, including Professor Nutt, having shareholdings or other links to the manufacturers. GSK's Seroxat was known to cause suicidal behaviour amongst other ADRs. Professor Nutt and Professor David Baldwin, who also has many pharmaceutical interests, jointly fronted the promotional press launch of Seroxat.

I also point out that the half-dozen tranquilliser withdrawal charities, including BDTP http://www.btpinfo.org.uk/ and CITA http://www.citawithdrawal.org.uk/ report that antidepressants now outnumber benzodiazepines in calls from patients needing help withdrawing from psychiatric medication.

I have reported both Professor Strang and Professor Nutt to the GMC but the GMC does not understand what a conflict of interest is or that it includes a bias or a perception of bias and does not necessarily mean a direct financial reward to either the professor concerned or the drug companies involved. I also reported Professor Strang to Kings College London which conducted a whitewash inquiry and found him not guilty. It is impossible as a damaged patient to challenge powerful institutions or for that matter government bodies and exact any fairness as they are all self-serving and protect themselves.

4. Doctors continue to ignore the 1988 CSM 2 – 4 week prescribing guidelines which remain unenforced after 27 years of non-compliance which caused the problem in the first place. Patients we are in contact with verify this and prescriptions for tranquillisers have remained at around 16 million for a decade.

   What is the point of guidelines if doctors ignore them?

   Many doctors do not understand ADRs because they do not receive training in pharmacology.

   Patients are left on medication, especially psychiatric medication, for years with no review. Adverse drug reactions are mis-diagnosed as new symptoms leading to polypharmacy, patients are withdrawn too rapidly and withdrawal symptoms are often mis-diagnosed.

All of these issues have been reported through voluminous correspondence with the Department of Health, PHE, the Care Quality Commission, the Royal Colleges and numerous other agencies and organisations over nearly three decades and still no effective action has been taken.

My MP, Eric Ollerenshaw, a member of APPGITA, requested a meeting with Prof Dame Sally Davies on the issue of involuntary tranquilliser addiction in July last year but her office informed him that she was too busy to meet him.

I suggest you look at the APPGITA website post 25 years of “taking it seriously” by the Department of Health – a trail of false promises

It is no wonder that patients are mistrustful. The various comments by Department of Health officials and ministers are typical of the formulaic responses, pretending to care, and obfuscation received in correspondence over the years.

Prof Dame Sally Davies says that "I have, therefore, reluctantly come to the conclusion that we do need an authoritative independent report looking at how society should judge the safety and efficacy of drugs as an intervention".

The CQC is supposed to protect patients and I appreciate they are under pressure. Professor Steve Field who is Chief Inspector knows all about this issue through correspondence with me and a

meeting with the late Jim Dobbin MP. He was also past Chair of the RCGP and is aware of the addictive nature of benzodiazepines and the ordeal patients undergo to get off them. Yet, the CQC has taken no effective action on this issue despite promises to do so. Perhaps it is just too big and the CQC, like successive governments, does not know how to tackle it.

This issue is not confined to statins or clot-busting treatment for strokes. The health and care system is rotten at the core and has been for decades. It is pharmaceutically led with scant regard for patient safety. When patients are damaged by prescribed drugs all the organisations responsible for health join ranks and obstruct those damaged who ask for fairness and help.

Any enquiry must include the Department of Health, for which Prof Dame Sally Davies is Chief Medical Officer, and all the other organisations responsible for health, because the problem is systemic.

I and all the other patients I am in contact with look forward to hearing from you.

Yours sincerely,
John Perrott

Email from John Perrott to Claire Cope
17 September 2015 08:53
Call for an independent review of the safety and efficacy of medicines by the Academy of Medical Sciences by Prof Dame Sally Davies,Chief Medical Officer, Department of Health.

Attached Documents:

- Le Noury J, *et al*. (2015). *Restoring Study 329: efficacy and harms of paroxetine and imipramine in treatment of major depression in adolescence*. BMJ **351**, h4320.

Dear Claire,

I would like to present restoring study 329 (detailed below if you are not already aware) as further evidence for the Academy's Call for evidence - "How does society use evidence to judge the risks and benefits of medicines?".

In this case, showing how much effort GSK has put into hiding side effects, including causing suicidality in children, for commercial motivation. It also shows how high up in GSK the knowledge was and the huge efforts they have gone to hide the evidence.

Regards,
John

Email from John Perrott to Claire Cope
17 September 2015 13:09
Re: BMJ Publishes Study Revealing How Flawed Drug Research Fails a Trusting Public.

Dear Claire,

Following on from my earlier email I am also sending you this video of Shelly Jofre, from BBC Panarama in 2003, interviewing Prof Sir Alasdair Breckenridge, then Chair of the MHRA and Dr Alastair Benbow, GSK's then Head of European Psychiatry, in support of my previous evidence sent to you.

https://www.youtube.com/watch?v=TozBgI5LyGc

The case of Seroxat typifies what is wrong.

Drug companies withhold negative clinical trial data and then get ghost writers to state the benefits of the drug. The adverse effects then do not show up until large numbers of patients are damaged. In the case of Seroxat, causing suicides in children and also withdrawal symptoms, both denied by GSK and Dr Benbow. The MHRA, which is supposed to protect patients failed to do so.

Dr Benbow is clearly stating during this interview in defence of GSK that "these medicines are not linked with suicide" when someone in his position must have been aware that they were and he would also have been aware of withdrawal symptoms as well.

I quote from Wikipedia regarding study 329 carried out between 1994 and 1998 and published in 1998:

"The study had failed to show efficacy for paroxetine in adolescent depression, something SmithKline Beecham acknowledged internally in 1998.[n 1] In addition there had been more examples of suicidal thinking and behaviour in the group taking paroxetine.[n 2]Although the article included these negative
results, it did not account for them in its conclusion. On the contrary, it concluded that paroxetine is "generally well tolerated and effective for major depression in adolescents."[7] The company relied on the article to promote paroxetine for off-label use in teenagers"

I would like you to watch this video, which in the light of yesterdays findings, cast serious doubt on Dr Benbow's integrity and the ability of the MHRA to protect patients.

In yesterday's Guardian article http://www.theguardian.com/science/2015/sep/16/seroxat-study-harmfuleffects-young-people , it was reported that:

"GSK stressed its commitment to transparency and its help for the researchers who re-analysed study 329. "Importantly, the findings from this team's analysis appear to be in line with the longstanding view that there is an increased risk of suicidality in paediatric and adolescent patients given antidepressants like paroxetine," it said.

"This is widely known and clear warnings have been in place on the product label for more than a decade. As such we don't believe this reanalysis affects patient safety."

This is typical of a drug company's response when they have been found out. It is common practice in the industry to withhold negative data and accept fines as an occupational hazard.

No wonder there is little to no faith in the healthcare system.

The point is will any meaningful action result from this?

In the light of involuntary tranquilliser addiction and the campaign for the million plus patients addicted, through no fault of their own, to tranquillisers prescribed by their doctors, the answer is probably not. We are all too accustomed to seeing the issue described as “taken seriously”, followed by meaningless reports and meetings, resulting in no effective action, as has been the case with the Department of Health’s policy review on addiction to medicine.

The case of Seroxat is typical of many instances of harm caused to patients.

There is still no compliance by doctors with the 1988 CSM 2 – 4 week prescribing guidelines and still no badly needed national tranquilliser withdrawal services. Wyeth has never been prosecuted for withholding data on lorazepam, when the company knew how addictive it was at time of licence in 1972 and also knew it was being prescribed long-term. There are still people addicted to lorazepam today whose addiction was caused by doctors in the 1970’s. Wyeth also withheld adverse reactions regarding Venlafaxine for nearly a decade.

As one who only managed to come off lorazepam in 2010 after a 32 year addiction I have absolutely no faith in prescribed medicine, would only take it if desperate, and only then after considerable research on the internet, because drug companies lie and doctors do not have sufficient knowledge of pharmacology and the MHRA remains far too close to the industry.

I am writing this as a further submission for the Academy of Science’s call for evidence on "How does society use evidence to judge the risks and benefits of medicines?"

Kind regards,
John Perrott

Email from John Perrott to Claire Cope
03 November 2015 12:33
A further submission to the Academy of Medical Sciences call for evidence – Professor John Strang

Dear Claire,

Following on from my original submission (below), I would like to submit the following supplementary evidence for the Academy of Medical Science's review of the safety and efficacy of medicines. This review is I understand intended to address patients’ lack of trust in medicine and the science supporting medicine.

I have provided a link below to an Independent article in 2011 which describes the issue accurately. I, along with colleague Deirdre Boyd

(http://www.dbrecoveryresources.com/deirdreboyd/), provided the research for the article, including FOI requests to the Medical Research Council.

http://www.independent.co.uk/news/uk/home-news/drugs-policy-advisor-under-fire-over-links-topharmaceutical-company-6261736.html

This is additional and in support of my original submission (below) to Professor Sir John Tooke, which detailed Professor John Strang's non-declaration of interests when co-authoring the NAC report on addiction to medicines commissioned by the Department of Health.

The additional information detailed in the 2011 Independent article concerns the opioid antagonist naloxone and non-declaration of interests with manufacturers Martindale and Cardinal. Professor Strang is highly influential in drug policy and architect of the OST substituting methadone for heroin.

Professor Strang is a strong advocate for Martindale and Cardinal products, which include methadone, naloxone and the new buprenorphine/naloxone product, which will be marketed in 2016 to coincide with new updated clinical guidelines on drug misuse and dependence.

Professor Strang chairs the clinical guidelines update working group.

This link highlights a partnership between Lightlake therapeutics and Professor Strang to develop a new naloxone nasal spray.

http://www.thestreet.com/story/11363316/1/lightlake-therapeutics-inc-to-discuss-with-king8217scollege-london8217s-institute-of-psychiatry-on-the-development-of-a-new-opiate-overdosetreatment.html

Professor Strang holds the intellectual property rights (patent) for the nasal application which isn't mentioned in this article and Professor Strang may therefore benefit financially from its use.

I will be happy to provide any further information that you feel you may need.

Kind regards,
John