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Meeting Report: Professor David Nutt

Professor of Psychopharmacology, Imperial College, London

‘Science and non-science in drug policy: reflections from a mangled medic’

February 2011 meeting of the Bristol Medico-Chirurgical Society

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REVIEW

The long anticipated meeting with Professor David Nutt took place during February in Bristol University, one of several events that followed “A Question of Health”, the controversial “Letter to June” published in reply to a Member’s question during June, 2010.

Professor David Nutt is a psychiatrist and neuropsychopharmacologist - a specialist in the research of drugs which affect the brain who, for the purpose of brevity alone, becomes just David. It was clear to me that David enjoys the respect and confidence of his peers - if not the Home Office. You will recall former Home Secretary, Alan Johnson, dismissed David from the Advisory Committee on the Misuse of Drugs. The alleged reason, David’s analysis went beyond science into the field of policy. The advisory committee’s work had been a source of tension with the Home Office for some time. Following the dismissal, excoriating headlines appeared on the front pages of our popular newspapers. It was clear the government briefed against David, both misrepresenting his work and causing him personal distress.

The analysis of this event expressed in “A Question of Health” showed that tension had existed between government and medical professionals since the 1930’s and it had become a serious issue in the administration of the NHS. In my view, it is much more than mere disagreement with medical professionals and is a deep and enduring flaw present in a great deal of government and corporate administration in the UK, both past and present.

Other scientists sitting on the advisory committee thought the Home Secretary misguided and several resigned following David’s dismissal. In my view, our government has a duty to determine policy and legislate to achieve policy objectives but fails in this duty when it rejects scientific advice and discards recommended action based upon evidence that would achieve policy objectives.

My meeting with David was both social and academic. In my view, he is completely without guile which, in my experience, is a virtue in discussions with government ministers but a grave handicap in the

world of senior civil servants, permanent secretaries in particular.

David’s lecture, “Science and non-science in drug policy”, filled the theatre with medical professionals, medical students, representatives of scientific bodies and a few guests like me. David presented an irrefutable evidence based technical argument that alcohol and tobacco cause death more reliably than “harmful substances”, including cannabis, ecstasy and heroin. I do not recall any discussion of the effects of cocaine.

Although of no scientific value, my limited experience as an observer of relatives, friends and acquaintances supports David’s technical analysis. Some died prematurely as a result of consuming alcohol and smoking tobacco. None died of consuming cannabis, among whom are those who are without character who were always thus and those who have character and remain so. Heroin addicts have given up the stuff with difficulty, recovered and have satisfactory lives. Cocaine users seem unaffected except they develop an unreasonable belief they are superior beings although possessed of a tendency to sniff frequently.

The government’s position is inconsistent and to demonstrate that inconsistency by scientific means is not intruding into policy matters. Outside the pure research undertaken in his university department, as Chairman of the Advisory Committee, a guileful David would have demanded to have the policy objective of any proposed research project set out in a written instruction. It would not have been forthcoming, Permanent Secretaries like to have a range of outcomes from which they choose those parts that support an existing and undisclosed objective. The role of the scientific advisory committee is as scapegoat.

David is wrong to compare premature deaths that are an outcome of physical activities with deaths arising from social activities. Such a comparison serves no purpose and muddies the water. Individuals undertaking dangerous sports are aware of the physical hazards they face and strive to overcome them. If public information and education ensure that individuals understand the hazards of consuming “harmful substances” they too can avoid harmful outcomes which is probably their preference. David at least agrees with Mill that we have no warrant to limit the activities of any individual except when they harm others.

Facing such compelling evidence, why does the government insist upon classifying possibly harmful substances as illegal and applying futile sanctions upon those who trade in them while allowing legal distribution of substances known to be harmful, i.e. alcohol and tobacco? Who gets what out of such distinctions? In addition to public and private companies, the other beneficiaries are the officials of the Home Office and its surrogate organisations.

Little wonder the Permanent Secretaries felt it necessary to suppress any suggestion that existing policy was illogical.

This analysis is supported by David’s report that the UK had about 2000 registered heroin addicts during the 1960’s who received narcotics as prescription medication. Supply on prescription stopped around 1968 upon the initiative of the Home Office. This had the same entirely predictable result that prohibition in the USA achieved. Registered addicts became two thousand potential dealers and an illegal drug industry was created. Inevitably drug related crime increased as did demands upon the NHS. Employment for dealers, policemen, solicitors, barristers, judges, prison officers, prison providers (now in the commercial sector) and probation officers, are now all dependant upon an estimated 350,000 drug addicts in the UK today.

David’s advice based upon government policy to reduce the scale of the illegal drug industry would have met the well considered response, “I do not think we could go along with legalising drugs, the public might not like it”. If the argument was set out clearly, with benefits and the risk it may be worse before it becomes better, with cost reduction and revenue generated, the public might well like it. They might also ask the question, what is so wrong with life that so many seek oblivion?



Professor Nutt receiving a Golden Brain award from Bristol Med Chi President, Paul Goddard