

# British diplomat cleared of drunk flying charges: Paroxetine was involved

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## Editorial introduction

On earlier occasions *The International Journal of Risk & Safety in Medicine* has shown an interest in safety issues relating to paroxetine and other SSRI antidepressants [4,1–3]. In this article we pasted together three closely related documents that deal with a potentially very serious incident in an aircraft, possibly or probably caused by paroxetine.

The first is an article by Sandra Laville that appeared in *The Guardian* as a Special Report on Crime on Wednesday January 18, 2006. It describes an incident that occurred on February 17, 2005 aboard a flight from Abu Dhabi to London. A British military attaché who had been involved in trying to identify British victims of the December 26, 2004 tsunami was travelling to London to brief Ministry of Defence and Foreign Office colleagues on the disaster. He was said to have lost control in business class after drinking wine, port and whisky and got so enraged that he had to be restrained by having his hands and feet bound.

He was charged with being drunk on an aircraft and in January 2006 brought to trial at Isleworth Crown Court in west London.

The second document is the expert report written by Dr. Andrew Herxheimer, Consultant Clinical Pharmacologist, as requested by the defence. His final conclusion is that the disturbed behaviour on flight EY 303 resulted primarily from accidental overdosage with paroxetine, a SSRI antidepressant.

Finally, we have an account by Mark Honigsbaum that appeared in *The Guardian* as UK News on Wednesday January 25, 2006. He reports that the defendant was cleared of drunk flying charges on Tuesday, January 24, 2006. It was concluded that his behaviour was due to “a temporary abnormality of function caused by long-term chronic stress, tsunami-related post-traumatic stress, sleep deprivation and a combination of the anti-depressant Seroxat and alcohol”.

## S. Laville. ‘Drunken’ British diplomat accused of air rage, *The Guardian* (18 January 2006)

A senior British diplomat in Thailand broke through three pairs of plastic handcuffs, threatened to kill fellow airline passengers and abused cabin staff after drinking heavily on a flight to London in the aftermath of the tsunami, a court heard yesterday.

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Fellow passengers seated near Colonel Peter Roberts, defence attaché at the British embassy in Thailand, said it became clear very quickly that he was an important man with an important job.

But as the Etihad Airways flight from Abu Dhabi to Heathrow flew over Belgium in February last year, Col Roberts' behaviour deteriorated until he went berserk, Isleworth crown court heard.

At one point he screamed at cabin staff and passengers who tried to restrain him and used offensive language. He shouted: "Do you know who I am? I'm the head of the British government in Thailand and you're treating me like this."

Gareth Rees QC, prosecuting, said Col Roberts had drunk two or three bottles of wine – of the small size served by airlines – three Black Label whiskies and some port on the plane.

He had also been drinking wine on his connecting flight from Bangkok to Abu Dhabi and the court heard he had been taking the antidepressant Seroxat, which should not be mixed with alcohol. He was seen drinking whisky at the airport.

Fellow passenger Anil Mohun Kumar said the defence attaché launched a foul-mouthed tirade against the country of Thailand and its religion.

"He made several threats to kill the people trying to restrain him. It took five people at one stage to restrain him."

During a continuing tirade of abuse, his ramblings included his personal views on North Korea, a country he labelled as "untrustworthy", according to Kevin McGuire, another passenger.

Flight attendant Roseanne Montero said she found Col Roberts sitting on a seat reserved for cabin crew during the flight: "I saw him lean across and try to grab a female passenger and I saw him trying to grab a woman with a small boy about two years old and the woman and the small boy looked terrified. She said Col Roberts then went "mad" and attempts were made to restrain him with plastic handcuff straps.

But he broke through three pairs before cabin staff and passengers finally managed to bind his wrists and feet. He was arrested when the plane landed at Heathrow.

Col Roberts denies being drunk on an aircraft. The case continues.

**Dr. Andrew Herxheimer MB FRCP, consultant clinical pharmacologist, Expert Report,  
10 July 2005**

**1. Introduction**

- (a) Fisher Meredith, solicitors, acting for Col. Peter Roberts, have instructed me to provide this expert report. I understand my duties to the court as an expert witness, and have complied with those duties in preparing this report.
- (b) For most of my career I have worked in clinical pharmacology, mainly in teaching and research in London University, most recently (1976–91) as Consultant Senior Lecturer in Therapeutics at Charing Cross and Westminster Medical School. I founded the independent fortnightly *Drug & Therapeutics Bulletin* in 1963 and edited it from then until 1992. This bulletin is primarily for doctors in the UK and publishes critical appraisals of drugs and their therapeutic uses; it discusses the claims made for new drugs, and occasionally regulatory actions.
- (c) From 1992 to 1995 I was Consultant at the UK Cochrane Centre in Oxford, which is part of the NHS Research and Development Programme. I am now Emeritus Fellow of the UK Cochrane Centre, continuing to work in the Cochrane Collaboration. Since 1997 I have been working on

a Database of Individual Patients' Experience of illness (DIPEX), based in the Department of Primary Care, University of Oxford.

- (d) I have for many years been concerned with the investigation and evaluation of adverse effects of drug therapy. During the past 2 years I have studied and analysed a large number of reports of such effects relating to the SSRI antidepressant drug paroxetine (Seroxat).
- (e) [My curriculum vitae and list of publications were appended but are omitted here.]

## 2. Questions addressed in this report

I have been asked

- (a) to explore and explain the effects of paroxetine/ Seroxat, and to consider what effects it may have had on Col Roberts' state of mind and behaviour, and whether it would have caused him to act as he did;
- (b) to address the issues of his loss of control and loss of memory.

3. In preparing this report I have used a letter and medical records from Dr Spain Uneanong, Col Roberts' physician in Bangkok, statements made by Col Roberts, members of his family and other witnesses, and documents from the Crown Prosecution Service.

I interviewed Col Roberts on 4 July 2005. I have also consulted published literature.

## 4. A brief chronology of Col Roberts' symptoms and medication

- 15 Jan. 2004 Consulted Dr. Uneanong about severe sleep difficulty, anxiety, nervousness, tension, and was diagnosed as having anxiety disorder. He received counselling, and three drugs used for depression and anxiety (melitracen, flupenthixol, trazodone) were prescribed.
- June 2004 Around the 10th anniversary of the Chinook helicopter disaster (in which many of his friends had been killed) he had very vivid bad dreams with startled awakenings – wanted to be away from people, was falling asleep at his desk.
- 6 Aug. 2004 Saw Dr. Uneanong again – the medication had not helped. Was prescribed Seroxat (paroxetine) 20 mg daily, and diazepam 2 mg at bedtime. He took the paroxetine regularly at breakfast, and thought it settled him, but he had spikes of high and low mood and became moody and unpredictable, for example being uncharacteristically irritable with embassy staff.
- Christmas With the family; was relaxed and happy.
- 26 Dec. 2004 The tsunami was followed by a very difficult week of non-stop work at the scene of devastation, organising help, etc.
- Jan. 2005 had “daymares” as if he was seeing a TV screen with tsunami visions of injured and dead children, etc. His sleep at night was disturbed by violent movements, e.g. diving out of bed. He was getting quite depressed.
- 3 Feb. 2005 returned from a party with a ‘black out’ – memory loss for about 2 hours. He was confused and rambling, looked drunk, but did not smell of alcohol. This had never happened before. He slept until 9.30 am. He wondered later whether a drink had been spiked, but the opportunity for investigating this had passed. He at once arranged to see Dr. Uneanong, who was not available until the afternoon of 8 Feb.
- 8/9 Feb. 2005 Dr. Uneanong increased the dose of paroxetine to 30 mg ( $1\frac{1}{2}$  tablets)/day, but said he could take 40 mg (two tablets) when he felt in need of it. (Mr Roberts says he did this on a few occasions, but does not recall when.) Dr. Uneanong also told him he could drink in moderation while taking paroxetine. Mr Roberts appears to have taken the first dose

that afternoon or evening, after having the tablets dispensed. It seems likely that Mr Roberts had taken his usual 20 mg dose at breakfast on 8 Feb., but there is no evidence on this point. The whole family went to bed early because his daughter Katherine had to leave at 5 am on 9 Feb., but Mr Roberts woke his wife at 3.30 am, telling her that he thought there might be something seriously wrong with him and that he felt he must go back to the UK to get help. They stayed up for the rest of the night drinking tea and coffee, then at breakfast “he seemed to be getting ‘drunk’ before our eyes” (statement by Mrs Aileen Roberts). As soon as he lay on his bed and closed his eyes, he had a violent frightening nightmare (described by Aileen Roberts). He then slept until about 12.

- 17 Feb. 2005 After working all night to complete his report on the tsunami for the Ambassador, which he e-mailed at 05.04 am, had breakfast, took Seroxat 30 mg, went to Bangkok airport. Boarded plane at 7 am, arrived at Abu Dhabi 11.25 am local time [= 14.25 Bangkok time]. There had whisky & coffee. Left Abu Dhabi 13.48 [= 16.48 BKK]. Took Seroxat 30 mg with lunch about 15.40 [= 17.40 BKK], having miscalculated the time; also had red wine and port, and several whiskies later. Remembers virtually nothing of what followed; blank from then until after landing in Heathrow at 17.32 [= 23.32 BKK]. Remembers only being in the police cell in the early hours of 18 Feb.
- 18 Feb. Surprised and shocked by hearing how he had behaved.

### **5. Effects of paroxetine on mood and behaviour**

Paroxetine, like other SSRI [selective serotonin reuptake inhibitor] antidepressants, commonly causes agitation and mental turmoil. This effect can occur early during treatment; it is separate from its effect against depression, which takes longer to develop. People experiencing such agitation and turmoil find it difficult to describe – they may feel strange, not themselves, not in control of their thoughts and actions. Many have thoughts of suicide, self-harm or violence, which they have never had before [5]. Concerns about such effects first arose with fluoxetine (Prozac) [6], but now extend to other SSRI drugs, notably paroxetine.<sup>1</sup>

### **6. Could these effects help to explain Col Roberts’ behaviour on 16.2.05?**

Col Roberts’ behaviour during the flight from Abu Dhabi to London was completely out of character for him, and cannot be convincingly explained by his alcohol intake or lack of sleep. The one thing that was radically different about 16th February was that he had taken double his usual dose of paroxetine; the first dose about 5.30 am, the second about 12 hours later, at a time when most of the first dose would still be present and acting in the body. As noted above, such a sudden increase in drug concentration is known to be associated with aggressive and violent behaviour, and loss of insight. This would be aggravated by alcohol, which weakens or removes inhibition, and also by sleep deprivation, but the interactions of these with SSRI dose changes have not been studied systematically.

The apparently mysterious events of 8/9 February could also be plausibly explained in a similar way, if as seems likely, Mr. Roberts took 20 mg at breakfast and another 30 mg in the afternoon. On that occasion the dose was slightly less and he had had no alcohol, but he had drunk much coffee and tea and had little sleep. The violent nightmare was followed by exhaustion and 6 or 7 hours of sleep.

### **7. Conclusion**

I conclude that Mr Roberts’ disturbed behaviour on flight EY 303 resulted primarily from accidental

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<sup>1</sup> A review of violence related to antidepressants has been published since the case was tried; it is reprinted in this journal [7].

overdosage with paroxetine, the antidepressant medication with which he had been treated for many months. Alcohol and sleep deprivation probably contributed to some extent, but no-one either foresaw this or realised it at the time.

### **Statement of truth**

I, Andrew Herxheimer, understand my duty to the court and believe that I have complied with that duty. I believe that the facts I have stated in this report are true and that the opinions I have expressed are correct.

### **Mark Honigsbaum. Jury clears diplomat of being drunk on flight, *The Guardian* (25 January 2006)**

- Alcohol and drug blamed for ‘disgraceful’ behaviour
- Colonel was depressed by aftermath of tsunami

A senior British diplomat who went berserk on a flight from Abu Dhabi to London was yesterday found not guilty of being drunk on an aircraft after saying his behaviour was caused by an antidepressant he was taking to deal with the stress of the Asian tsunami.

Colonel Peter Roberts MBE, the defence attaché to Thailand, was said to have hurled a stream of abuse at crew and passengers on board an Etihad flight to Heathrow last February after drinking a cocktail of wine, whisky and port. At one point, referring to the king of Thailand and the country’s national religion, he used offensive language.

Col Roberts, 51, from Passfield, Hampshire, had to be restrained by five passengers and handcuffed with plastic ties. But after hearing that he had no recollection of his behaviour and was being treated for post-traumatic stress disorder after witnessing scenes after the tsunami in southern Thailand, the jury cleared him of the charges. Speaking outside court after the verdict, his lawyer, Look Chih Wang, said: “Colonel Roberts has been found not guilty of this offence because he was not in fact drunk. His behaviour was due to a temporary abnormality of function caused by long-term chronic stress, tsunami-related post-traumatic stress, sleep deprivation and a combination of the anti-depressant Seroxat and alcohol. Colonel Roberts has been advised by his doctor that he could drink in moderation whilst taking Seroxat and has maintained his innocence throughout these proceedings. The Crown Prosecution Service have been in possession of the defence expert’s reports in this case for many months. It is therefore perhaps surprising that this matter was ever brought to trial.” But he said his client wanted to apologise for his behaviour and the alleged remarks and stress that they were in no way representative of his views or beliefs.

Col Roberts, who helped identify British victims of the tsunami, had been on his way back to London to brief colleagues when the incident occurred. The court heard the former army helicopter pilot had been seen drinking whisky at the airport and had gone on to consume at least two small bottles of wine, three Black Label whiskies and port on the plane.

When the crew and passengers tried to restrain him he allegedly threatened to kill them and used offensive language. He shouted: “Do you know who I am? I’m the head of the British government in Thailand and you’re treating me like this.”

In his defence, Col Roberts said he began suffering from depression after the death of close friends in the Chinook helicopter crash on the Mull of Kintyre in 1994. Nine days before the flight on February 17, 2005, he began suffering vivid “daymares” and his doctor had upped his dosage of Seroxat. But Col

Roberts said he miscalculated the dose. He blacked out as the flight passed over Vienna and remembered nothing until he came to in a police cell.

He said he been “shocked and amazed” when police described his behaviour. “It was extraordinarily disgraceful and must have been hugely upsetting to passengers. I can’t offer any explanation for this at all, I’m absolutely shocked, I honestly don’t remember any of that at all.”

He said he had since learned that Seroxat could result in a “hypomanic state” and was no longer taking it.

After hearing that Col Roberts had suffered adverse effects when mixing alcohol with antidepressants on a previous occasion, Judge Usha Karu rejected a defence application for costs. The judge said the diplomat had “brought the matter on himself”.

### Editorial comments

- (a) The judge’s refusal to grant costs to the defence seems arbitrary and unjust if Col Roberts could not have foreseen what might happen and he should not be blamed for his actions, but such judicial decisions are completely in the judge’s discretion and there is no appeal against them.
- (b) Another possible mechanism for the observed behaviour might be that paroxetine inhibits or blanks out the awareness and self-metering of alcohol intake.
- (c) The only interactions of paroxetine with alcohol which have been studied were in healthy volunteers given single doses of paroxetine or placebo and then alcohol, to examine the effects on psychometric tests. Nothing remarkable was found. But this is not at all like the clinical situation of alcohol use during chronic medication with paroxetine or during periods of dose increase or reduction.
- (d) The absence of experimental evidence for saying anything specific may have led to the warnings being vaguely precautionary on general principles, so that nothing was said that could actually persuade doctors and patients to take a warning seriously.

### References

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