

ANTI-ANXIETY DRUGS

the facts about the effects



Psychotropic Drug Series

Published by Citizens Commission on Human Rights

IMPORTANT INFORMATION FOR READERS

This report is an overview of the side effects of common anti-anxiety drugs. It contains information that is important for you to know.

Courts have determined that informed consent for people who receive prescriptions for psychotropic (mood-altering) drugs must include the doctor providing “information about... possible side effects and benefits, ways to treat side effects, and risks of other conditions...” as well as, “information about alternative treatments.”¹ Yet very often, psychiatrists ignore these requirements.

If you are taking these drugs, do not stop taking them based on what you read here. You could suffer serious withdrawal symptoms. You should seek the advice and help of a competent medical doctor or practitioner before trying to come off any psychiatric drug. This is very important.

Citizens Commission on Human Rights (CCHR) does not offer medical advice or referrals but provides the information in this publication as a public service in the interest of informed consent.

For further information about drugs and their side effects, consult the *Physicians' Desk Reference* at pdrhealth.com

1. *Faith J. Myers v. Alaska Psychiatric Institute*, Alaska Supreme Court, S-11021, Superior Court No. 3AN-03-00277 PR, Opinion No. 6021, 30 June 2006.

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INTRODUCTION

“Mother needs something today to calm her down

“And though she’s not really ill

“There’s a little yellow pill

“She goes running for the shelter of a mother’s little helper...”

The Rolling Stones wrote these lyrics about prescription drug abuse in 1966. The same words apply today.

In 2008, 85 million prescriptions were filled for the top 20 antianxiety drugs, also called *sedative hypnotics*, despite being some of the most addictive mind-altering drugs in the world.

Many people rely on these medications to get through the day. If you are one of these people, or have a friend or loved one who is, you need the information in this booklet.

“I lost a year of my life...the medications made me feel more depressed, explosive and suicidal,” said one former Xanax user. “Right in front of my son, I went to take the whole bottle of Xanax so my family would not have to deal with my crying anymore.”

And this account from a teenager gives some idea of the horrors involved in withdrawing from Valium and Serepax:

“I was prescribed a tranquilizer for ‘anxiety’ to which I became quickly addicted. When I complained about the side effects, the psychiatrist simply increased the dosage, or added another tranquilizer to the point where I was taking 30 pills a day. When I tried withdrawing from them cold turkey, I felt near homicidal.

“I’d grab knives from the kitchen wanting to harm others or myself. I couldn’t sleep; I thought I was dying. When my general practitioner found out, he informed me that getting off these was more dangerous than withdrawing from street drugs.

“He slowly weaned me off the drugs. It was six months of hell.”

Psychiatrists rarely tell you that you can become addicted to antianxiety drugs in as few as 14 days of regular use.

They also don't tell you that withdrawal from these drugs is more prolonged and often more difficult than withdrawal from heroin.² Typical withdrawal symptoms from antianxiety drugs include depression, sweating, cramps, nausea, psychotic reactions and seizures.

There is also a significant danger of overdose. From 2004 to 2005, overdoses in the US involving a type of antianxiety drug called benzodiazepines rose 19%.³ British coroners' reports showed each year these drugs contribute to unnatural death more frequently than cocaine, heroin, ecstasy and all other illegal drugs.⁴

Unlike medical drugs, which commonly may prevent or cure disease or improve health, psychiatric drugs are only designed to suppress symptoms that return once the drug wears off.

Like illicit drugs, psychiatric drugs provide no more than a temporary escape from problems, unwanted behavior or unpleasant emotions. If you are taking these drugs, you may experience a "rebound effect" where your original mental symptoms come back even worse once you begin withdrawing. Medical experts point out that this is the drug effect, not your "mental illness."

This booklet is intended as an easy-to-read guide to give you the facts about the risks of antianxiety drugs and a sample of alternatives available.

2. Matt Clark and Mary Hager, "Valium Abuse: The Yellow Peril," *Newsweek*, 24 Sept. 1979; Patrick Holford, "How to Quit Tranquillisers," <http://www.holforddiet.com>, 2009.
3. Donna Leinwand, "Misuse of pharmaceuticals linked to more ER visits," *USA TODAY*, 13 Mar. 2007.
4. Joe Studwell, "Oh, behave!" *Financial Times* (London), 24 Jan. 2007.

Brand names for antianxiety drugs (called minor tranquilizers, benzodiazepines or sedative hypnotics):

- | | |
|---------------------------------|----------------------------|
| - Ambien (zolpidem) | - Placidyl (ethchlorvynol) |
| - Ativan (lorazepam) | - Prosom (estazolam) |
| - BuSpar (buspirone) | - Restoril (temazepam) |
| - Centrax (prazepam) | - Rozerem (ramelteon) |
| - Dalmane (flurazepam) | - Serepax (oxazepam) |
| - Doral (quazepam) | - Sonata (zaleplon) |
| - Equanil (meprobamate) | - Tranxene (clorazepate) |
| - Halcion (triazolam) | - Valium (diazepam) |
| - Klonopin (clonazepam) | - Vistaril (hydroxyzine) |
| - Lexotan (bromazepam) | - Xanax (alprazolam) |
| - Librium (chlordiazepoxide) | |

what are **ANTI-ANXIETY DRUGS** or benzodiazepines?

Anti-anxiety drugs or benzodiazepines, anxiolytics and minor tranquilizers were initially hailed as a medical breakthrough. The first of this class of drugs was Miltown, which was eventually discovered to be highly addictive.

Then came Valium, praised by psychiatrists as a safe alternative, but soon revealed as having strong addictive qualities of its own.

Nevertheless, psychiatrists kept on prescribing these drugs in volume. In 2005, another benzodiazepine, Xanax, was the fourth most prescribed drug in America.⁵

Benzodiazepines commonly do one or more of the following things to a person: induce a hypnotic state, relax muscles, stop convulsions or cause mild memory loss. They also act as sedatives on the nervous system, so they usually make people sleepy. That is why doctors warn you not drive while taking them.

Today, at least 20 million people worldwide are prescribed these “minor tranquilizers.” Meanwhile, Western European and North American countries are facing epidemic levels of citizens hooked on these drugs.⁶

And while benzodiazepines are a disaster in terms of the public health, pharmaceutical companies rake in a whopping \$21 (€ 14 billion) billion a year selling them.

Of course, the users are left with terrible side effects.

In fact, an estimated 60% of people taking antianxiety drugs become addicted and suffer adverse reactions to the drugs, such as extreme anger and hostile behavior.

The elderly face even greater risks, with increased risk of falls and motor vehicle crashes. A British website on benzodiazepines reports that 40% of drivers of motor vehicles found to be impaired or killed in accidents, had prescription drugs in their systems—predominantly tranquilizers and sleeping pills.

5. The Internet Drug Index, Top 300 Prescriptions for 2005.
6. Beverly K. Eakman, "Anything That Ails You, Women on Tranqs in a Self-Serve Society," *Chronicles*, Aug. 2004; Estelle Lavie, *et al.*, "Benzodiazepine use among opiate-dependent subjects..." *Drug and Alcohol Dependence*, Vol 99, Issues 1-3, 1 Jan. 2009, p 338.



how do psychotropic drugs **AFFECT THE BODY?**

Your body consists of chemical compounds obtained from food, sunlight, the air you breathe and the water you drink.

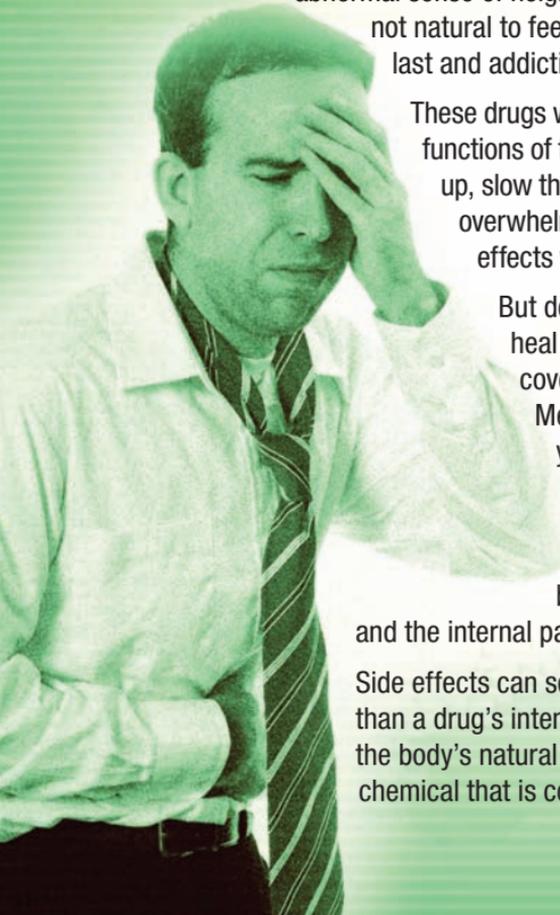
There are millions of chemical reactions that are constantly occurring. Putting a foreign substance such as a psychotropic drug into your body disrupts the body's normal biochemistry.

Sometimes this disruption creates a false and temporary feeling of euphoria (being "high"), short-lived bursts of increased energy or an abnormal sense of heightened alertness. However, it is not natural to feel like this. The feeling does not last and addiction can result.

These drugs work by influencing the normal functions of the body: they speed them up, slow them down, dam them up or overwhelm them. This is why you get side effects with psychiatric drugs.

But do not think that these drugs heal anything. They are intended to cover up or "mask" your problems. Meanwhile, they tend to wear out your body. Like a car run on rocket fuel, you may be able to get it to run a thousand miles an hour to the end of the block, but the tires, the engine and the internal parts fly apart in doing so.

Side effects can sometimes be more pronounced than a drug's intended effects. They are, in fact, the body's natural response to the invasion of a chemical that is confusing its normal functions.



Drugs mask the problem; they don't solve the cause.

What about those who say psychotropic drugs really do make them feel better—that for them, these are “lifesaving medications” whose benefits exceed their risks? Are psychotropics actually safe and effective for them?

“What ends up happening,” says Dr. Beth McDougall, a health center medical director, “is that someone feels good for a while and then very often they have to have their dose increased. And then they feel good for a while and then they might have to have it increased again, or maybe they'll switch agents. So it's that kind of a story, if you're not actually getting to the root of what's going on.”

The side effects of benzodiazepines

- insomnia
- light-headedness
- involuntary movement
- anxiety
- fatigue and tiredness
- nausea/vomiting
- diarrhea
- irritability
- dizziness
- weakness
- unsteadiness
- drowsiness
- loss of muscular coordination
- headache
- muscular pain

- slurred speech
- confusion and disorientation, depression
- impaired thinking and judgment
- memory loss
- forgetfulness
- stomach upset
- blurred or double vision

Long-term side effects:

- Long-term benzodiazepine users are often depressed. Higher doses increase the risk of both depressive symptoms and suicidal thoughts and feelings.
- Benzodiazepines can also cause emotional blunting or numbness. The medication relieves the anxiety, but it also blocks feelings of pleasure or pain.

- More rare side effects include mania, hostility and rage, aggressive or impulsive behavior and hallucinations.

Withdrawal Warning: If you abruptly stop taking benzodiazepines, you may experience severe withdrawal symptoms. These include increased anxiety, insomnia, confusion, pounding heart, sweating and shaking.

Pregnancy Warning: Health authorities warn they may not be safe for pregnancy during the first three months since some studies have suggested an increased risk of birth defects.⁷

Crime Drug: Another benzodiazepine that has been the focus of a great deal of media attention is Rohypnol (flunitrazepam), which is known widely as “the date-rape drug” due to its involvement in many sexual assault cases in recent years.

7. County of Los Angeles, Olive View Medical Center, Dept. of Health Services, “Patient Instruction for Tranquilizers and Sleeping Medications.”

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blocks
feelings of
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or pain...
Side effects
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and rage...



DRUG REGULATORY AGENCY WARNINGS

about antianxiety drugs and benzodiazepines

October 1991: The British Government banned the benzodiazepine Halcion because of its potentially dangerous side effects, including memory loss and depression.

March 2005: The UK Parliament's Health Committee released findings of its inquiry into benzodiazepines stating that side effects "include excessive sedation, decreased attention, amnesia and sometimes intractable dependence. Abrupt cessation can lead to severe withdrawal symptoms, including convulsions in some patients."

February 2008: The US Food and Drug Administration added a warning to the Halcion label that it could cause "sleep-driving" and other complex behavior such as a tolerance/withdrawal phenomena.



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Drug Abuse Warning Network: The DAWN Report.

April 2004.

Benzodiazepine poisoning

Celebrating 50 years of publishing
American Family Physician
Published by the American Academy on Family Physicians

ction: Part I. Benzodiazepines—Side Effects and Alternatives

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are widely prescribed for a variety of conditions, particularly anxiety disorders. When used with caution, rarely result in death. However, used at high doses, these agents are often taken in combination with other drugs such as alcohol, anticholinergics, barbiturates, antidepressants, and opiates. Caution must be used when prescribing benzodiazepines to patients with substance abuse. (Am Fam Physician 2004; 69:2127-8.)

little doubt of the therapeutic efficacy of benzodiazepines in reducing anxiety symptoms. As noted in a 1999 report by the American Psychiatric Association, benzodiazepines have been well established by numerous placebo-controlled studies as effective in the treatment of anxiety disorders. Benzodiazepines are also widely prescribed for other reasons, such as muscle spasm, preoperative sedation, involuntary movement disorders, detoxification, and anxiety associated with cardiac, vascular or gastrointestinal surgery. In a 1999 report on benzodiazepines, 11 to 15 percent of the total prescriptions were for more than 30 days during the preceding year, but only 1 to 2 percent were for 12 months or longer. In psychiatric treatment settings, however, the prevalence of benzodiazepine use, abuse and dependence is on the rise in the general population.^{1,2}

BMC Geriatrics

Research article

Are sedatives and hypnotics associated with increased suicide risk in the elderly?

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Abstract

Background: While antidepressant-induced suicidality is a concern in younger age groups, a mounting evidence that these drugs may reduce suicidality in the elderly. Negating a possible association between other types of psychoactive drugs and suicide, results are scarce. Sedatives and hypnotics are widely prescribed to elderly persons with symptoms of sleep anxiety and sleep disturbance. The aim of this case-control study was to determine if specific types of psychoactive drugs were associated with suicide risk in late life, after controlling for appropriate confounders.

Methods: The study was included the city of Gothenburg and had adequate coverage (total population 210 703 at the start of the study). A case-control study of elderly (80+) suicide performed and (case definitions for 85 suicide cases (86 men, 39 women) mean age 75 years) interviewed by a psychiatrist. A population based comparison group (n = 132) was created (matched for sex, age, primary care and psychiatric records) were reviewed for both a case and comparison subjects. All available information was used to determine past-month disorders in accordance with DSM-IV.

Results: Antidepressants, anxiolytics, sedatives and hypnotics were associated with no suicide risk in the study sample. After adjustment for lifetime and anxiety disorders, antidepressants in general and SSRIs showed an association with suicide. Antidepressant association with suicide after adjustment for psychiatric disorders. Sedative treatment associated with an almost four-fold increase of suicide risk in the study sample and up an independent risk factor for suicide even after adjustment for any DSM-IV disorder. No current prescription for a hypnotic were associated with a four-fold increase in suicide risk adjusted for confounders.

Conclusions: Sedatives and hypnotics were both associated with increased risk for suicide after adjustment for appropriate confounders. Given the extremely high prescription rates, a evaluation of the suicide risk should always precede prescribing a sedative or hypnotic to an elderly individual.

OLDER PEOPLE

Falls and fall risk among nursing home residents

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2004; Journal of Clinical Nursing 17, 133-138

Falls and fall risk among nursing home residents

Aim and objectives: The aim of this study was to identify risk factors for falls among elderly people living in nursing homes.

Method: Inpatient cognitive function and a prior case of falls were used as covariates in falls among elderly people in nursing homes.

Results: There was a significant correlation between falls and inpatient cognitive function and a prior case of falls among elderly people in nursing homes.

Conclusion: Falls and fall risk were associated with inpatient cognitive function and a prior case of falls among elderly people in nursing homes.

Keywords: falls, cognition, medication, medication monitoring measures, wheelchairs with belts and bed rails. The data were aggregated and not individual. The study covered 2343 reported incidents.

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February 2008: The Australian Therapeutic Goods Administration imposed a boxed warning in the product information documents for medicines containing zolpidem [a sedative hypnotic], following reports of bizarre and sometimes dangerous sleep-related behaviors such as sleepwalking and sleep-driving.

May 2008: The FDA added a warning to Ambien that abnormal thinking and behavioral changes such as sleep-driving can occur, as well as other adverse reactions, including fatigue, nausea, vomiting, upper respiratory infections and more.

PSYCHIATRIC DISORDERS vs. MEDICAL DISEASES

There is no question that people do experience problems and upsets in life that may result in mental troubles, sometimes very serious.

But to say that these are “medical diseases” or caused by a “chemical imbalance” that can only be treated with dangerous drugs is dishonest, harmful and often deadly.

What psychiatric drugs do instead is mask the real cause of problems, often denying you the opportunity to search for workable, effective solutions.

It is important to understand that there is a big difference between medical disease and psychiatric “disorders.”

In medicine, a condition is only labeled a disease after it has met strict standards: You have to isolate a predictable group of symptoms, be able to locate the cause of the symptoms or see how they function. This must all be proven and established by a physical test such as a blood test or X-ray.

In psychiatry, there are no lab tests to identify their disorders. Their drugs treat symptoms.

For example, a patient might have symptoms such as chills or a fever. In medicine, tests would be done to find out what physically observable disease is causing them, such as malaria or typhoid. Psychiatrists, on the other hand, do not look for the root cause, and instead prescribe a drug



that suppresses the symptoms. Meanwhile, the cause of the problem is not being treated and may worsen.

To appear more scientific, psychiatrists claim that their “disorders” come from a chemical imbalance in the brain. This claim has never been proven true, since there are no tests to assess the chemical status of a living person’s brain or how to determine what a correct chemical balance looks like.

Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School, is among many medical experts publicly debunking the “chemical imbalance” theory. “Despite pseudoscientific terms like ‘chemical imbalance,’ nobody really knows what causes mental illness. There’s no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia,” he said.⁸

The World Psychiatric Association and the US National Institute of Mental Health even admit that psychiatrists do not know the causes or cures for any mental disorder or what their “treatments” (usually drugs) specifically do to the patient.

Needless to say, allowing yourself to be treated with psychiatric drugs is very risky, since there is very little science to back it up.

8. Dr. Darshak Sanghavi, “Health Care System Leaves Mentally Ill Children Behind,” *The Boston Globe*, 27 Apr. 2004.



Letter to the Editor
Six Deaths Linked to Misuse of Buprenorphine-Benzodiazepine Combinations
Michel Reynaud, M.D., Artois, France; Georges Pelt, M.D., Denis Potard, M.D., and Pascale Courty, M.D., Clermont-Ferrand, France
TO THE EDITOR: TO
SUBMIT

SOLUTIONS

the right to be informed

Mental problems can be resolved, and thankfully so. Unfortunately, psychiatrists will most often tell you that your emotional problem or mental distress is incurable, and that you must take their drugs to “manage” it, often for the rest of your life.

Psychiatrists routinely do not inform patients of non-drug treatments, nor do they conduct thorough medical examinations to rule out an untreated medical condition that may be causing the mental disturbance.

But according to the California Department of *Mental Health Medical Evaluation Field Manual*: “Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients... physical diseases may cause a patient’s mental disorder [or] may worsen a mental disorder...”⁹



There are far too many workable alternatives to psychiatric drugging to list them all here.

All patients should first see a non-psychiatric medical doctor, especially one who is familiar with nutritional needs, who should obtain and review a thorough medical history and conduct a complete physical exam, ruling out all the possible problems that might cause the person's symptoms.

Many medical experts agree that underlying physical illness could well explain emotional distress. Dr. Thomas Dorman, an internist, advises: "Clinicians should first of all remember that emotional stress associated with a chronic illness or a painful condition can alter the patient's temperament." Abnormal thyroid or blood sugar levels, adrenal fatigue, as well as the use of many prescription and over-the-counter medications could also cause emotional disturbance.¹⁰

Another physician, Melvyn R. Werbach, MD, of the University of California at Los Angeles School of Medicine, recommends that physicians should check "dietary history and current eating patterns."

In fact, even treatment with some medical drugs can induce a "psychiatric" condition. According to researchers, the most common *medically* induced psychiatric symptoms are "apathy, anxiety, visual hallucinations, mood and personality changes, dementia, depression, delusional thinking...and confusion."¹¹

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatrists, on the other hand, insist there are no such options and fight to keep it that way. Patients and physicians must urge their government representatives to endorse and fund non-drug workable alternatives to dangerous drugs.

9. Lorrin M. Koran, *Medical Evaluation Field Manual* (Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, California, 1991), p 4.

10. Thomas Dorman, "Toxic Psychiatry," Thomas Dorman's website, 29 Jan. 2002, <http://www.dormanpub.com>, Accessed: 27 Mar. 2002.

11. Richard C. W. Hall, MD and Michael K. Popkin, MD, "Psychological Symptoms of Physical Origin," *Female Patient* 2, No 10 (Oct. 1977), pp 43-47.

CITIZENS COMMISSION ON HUMAN RIGHTS

Restoring Human Rights and Dignity to Mental Health

Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.



Its cofounder is Dr. Thomas Szasz, Professor of Psychiatry Emeritus and internationally renowned author. Today, CCHR comprises a network of 250 chapters in 34 countries. Its board of advisors, called commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and caused hundreds of reforms by testifying before legislative bodies and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



**“Given the nature and potentially
devastating impact of psychotropic
medications...we now similarly
hold that the right to refuse to take
psychotropic drugs is fundamental.”**

Alaska Supreme Court, 2006

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Report any adverse psychiatric drug effects to the FDA's MedWatch program at

www.accessdata.fda.gov/scripts/medwatch

Or log on to www.cchr.org

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