

**Extracts From Articles in Medical Publications on the Physical, Psychological,
And Social Decline of Long Term Benzodiazepine Users**

By

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Victims of Tranquilizers**

As well as the articles listed below there are very many others on related aspects e.g., addiction and dependence, side effects and adverse reactions, cognitive damage, paradoxical reactions, increased risk of domestic accidents, industrial accidents, increased morbidity and mortality including attempted suicides and thousands of benzodiazepine related deaths as well as pregnancy and neonatal morbidity.

A complimentary list of extracts and articles is given in “The Benzodiazepines – Toxicity, Cognitive Impairment, Long Term Damage and the Post Withdrawal Syndrome” 2000 R. F. Peart (VOT). This list and that below contains many of the key articles on the nature and extent of harm caused by the benzodiazepines both during and after ingestion has ceased.

These extracts demonstrate that iatrogenic (medically induced) dependence on benzodiazepines can cause very significant physical, mental, and social decline that is at least as serious as other drug dependencies, e.g., alcohol and illegal drugs. Benzodiazepine dependency is not benign as many incompetent doctors want to believe as an excuse for doing nothing about the problem.

These articles are little more than a cross section of many hundreds of others in the same vein. Over the last 2-3 decades many reports have appeared in the Western press and media on problems with the benzodiazepines. The response of the medical establishment and pharmaceutical companies is largely one of denial and that the reports are “scaremongering” and exaggerated; the truth is that the information in the medical publications (from the horse’s mouth) is far more damning of the benzodiazepines and prescribers than any of the media reports.

In many ways the plight of the benzodiazepine “addict” is worse than that of those addicted to other drugs. It is over 25 years since benzodiazepine dependency was established as a medically induced illness. Unfortunately, many members of the medical profession still do not understand it. Their failure to diagnose and treat benzodiazepine dependency is based on ignorance and arrogance. Some have an instinctive desire to blame the patient and thereby condemn many to a life of incapacity, misery, and fear and others to suicide. They have lost sight of the most fundamental principle in medicine – “First do no harm” – to the patient that is.

Articles and Extracts:

1. Kripke, D.F., et al, “Mortality Hazard Associated with Prescription Hypnotics,” *Biology Psychiatry* 1998, 43, 687-93.
This study demonstrated a serious hazard of early death associated with the consumption of prescription sleeping pills. Sleeping pills and tranquilizers in normal use cause extra deaths during sleep.
2. Gudex, C., “Adverse Effects of Benzodiazepines,” *Social Science and Medicine*, 1991, 33, 587-96.
Most studies focus on physical and psychological variables rather than functioning and behavior. There is a need to obtain a clearer picture of how benzodiazepines affect the quality of life – the best studies show that from 40 – 80% of benzodiazepine consumers become dependent.
3. Allgulandes, C., et al, “Sedative-Hypnotics and Alcohol Dependence Among Psychiatric Patients.” *British Journal of Addiction*, 1978, 73, 123-28.
This study shows that there is a high cross tolerance between the benzodiazepines and alcohol.
4. Simpson, R.J., Benzodiazepines in General Practice. Ian Hallstrom (ed) “Benzodiazepine Dependence.” Oxford University Press, 1993, 252-66.
The long term Benzodiazepine group had experience significantly more episodes of major and minor somatic illness than controls.
5. Lader, M., “Limitations on the Use of Benzodiazepines in Anxiety and Insomnia: Are They Ever Justified.” *European Neuropsychopharmacology*, 1999, 9 Supple 6, S397-S405.
The benzodiazepines are major drugs of abuse and addiction and should be reserved for short term use (up to 4 weeks) and in conservative doses.
6. Ashton, H., “Benzodiazepine Withdrawal: An Unfinished Story.” *British Medical Journal*, 1984, 288, 1135-40.
Only 2 of 12 patients had previous psychiatric problems. The appearance of symptoms after regular benzodiazepine use that all patients developed similar symptoms irrespective of any psychiatric history and the improvement after drug withdrawal, all suggest the symptoms resulted from benzodiazepine use and not from any underlying anxiety neuroses. Symptoms of prolonged use include loss of concentration, decline in psychomotor performance, depression and emotional anesthesia. The benzodiazepine withdrawal syndrome is much longer than that of any other drug of dependence.

7. Williams, P., "Long Term Benzodiazepine Use in General Practice." In Freman H., et. al., (eds) "The Benzodiazepines in Current Clinical Practice." *Royal Society Medical Services*, 1987, 19-31.
19/22 patients (long term benzodiazepine users) were allotted a diagnosis relating to depression – The longer the duration of treatment, the less chance of stopping (benzodiazepine use).
8. Kornhuber, H.H., "The Benzodiazepine Risk," *Deutsches Arzteblatt*, 1988, 85, B405.
Failure in achievement, professional decline, accidents, early retirement, divorces and suicide attempts occur frequently with benzodiazepine users.
9. Borg, S., et. al., "Benzodiazepine/Alcohol Dependence and Abuse," *Ref ?*, 1991.
Short periods of treatment with conventional doses of benzodiazepines cause deficits in a number of neuropsychological functions. Long term treatment caused EEG changes and lowered cognitive ability (intelligence). These deficits are worse than those for opiates.
10. McKellan A. T., et. al., "Development of Psychiatric Disorders in Drug 'Abusers'." *New England Journal of Medicine*, 1979, 301, 1310-14.
Over a 6 year period there was a marked increase in depression, suicidal ideation, overdoses, and suicides. There was also evidence of brain damage. The clinical picture changed very little for opiate users in a 6 year period.
11. Good, M. I., "Substance Induced Dissociative Disorders and Psychiatry Nosology," *Journal of Clinical Psychopharmacology*, 1989, 9, 88-93.
Benzodiazepines are capable of precipitating dissociative-like states, e.g., amnesia, fugues, twilight states, automatisms, depersonalization, and furors or explosive disorders.
12. Edwards, J. G., "Drug Related Depression: Clinical and Epidemiological Aspects." *Ref ?*, 1989.
Drugs judged to induce depression include nitrazepam and diazepam.
13. Khan, A., et. al., "Benzodiazepine Dependence: A General Practice Survey," *New Zealand Medical Journal*, 1981, July, 19-21.
64% of current benzodiazepine users had chronic physical illness.
14. Cohen, S. I., "Alcohol and Benzodiazepines Generate Anxiety, Panic, and Phobias." *Journal of Royal Society Medicine*, 1995, 88, 73-77.
In half the patients seeking advice for anxiety, panic and phobias, the cause was alcohol or benzodiazepines due to rebound arousal. Benzodiazepines have no place in the treatment of anxiety.

15. Roderigo, E. K., et. al., Health of Long Term Benzodiazepine Users”, *British Medical Journal*, 1988, 296, 603-66.
New prescriptions of benzodiazepines occurs in response to a physical rather than psychological disorders. Long term users report extensive physical ill health and high levels of emotional distress.
16. Binder, W. et. al., “Addiction to Benzodiazepines – Our Iatrogenic Epidemic.” *Offentliches Gesundheitswissen*, 1984, 46, 80-86.
Benzodiazepine addiction often causes professional and social decline as well as suicidal attempts and early pension applications.
17. Borg, S., et. al., “Benzodiazepine Dependence and Other Long Term Side Effects – A Survey,” *Lakartidningen*, 1986, 83, 321-26.
...mortality was significantly increased – originally they had good socio-economical circumstances with regard to education and income – 5 years later half the subjects had experienced social deterioration.
18. Vikander, B., et. al., “Detoxification of Patients Dependent on Benzodiazepines. *Lakartidningen*, 1987, 84, 3276-78.
When the initial withdrawal period has subsided – periods of withdrawal symptoms may recur. Patients suffer from decreased endurance, reduced ability to concentrate, have difficulties with regard to ability to think in abstract terms, and have difficulties with overview and planning.
19. Christensen, P. B., et. al., “The Use of Anxiolytic Drugs During a Three Year Period.” *Ugeskr Laeger*, 1992, 154, 2301-6.
One fourth of the long term users received disability pensions. The long term users had more mental illness (46%) than short term users (12%).
20. Blennows., G., et. al., “Sedative and Hynotics in Stockholm – Social Factors and Kinds of Use,” *American Journal of Public Health*, 1994, 84, 242-46.
Drug use itself may be the reason for unemployment or a disability pension.
21. Parish, P. A., Benzodiazepine Litigation, 20 May 1991, Report for Tranquillizer Addiction Solicitors Group.
There is no significant evidence that an individual’s personality influences his liability to become dependant on a drug used to cause sedation, relieve anxiety, or produce sleep.
22. Rickels, K., et. al., “Low Dose Dependence in Chronic Benzodiazepine Users – A Preliminary Report on 119 Patients,” *Psychopharmacology Bulletin*, 1986, 22, 407-415.

One hard earned lesson is that long term benzodiazepine users are in need of much more intensive psychiatric and social support than other anxious or depressed patients.

- 23.** Mader, R., et. al., "Observation of Dependence on Oxazepam," *Weiner Med. Wochenschrift*, 1972, 14, 194-96.
During the addiction his health deteriorated, he isolated himself at home with his sister, avoiding other people; he was depressed, and unable to remember things.
- 24.** Lingjaerde, O., "Use an Abuse of Benzodiazepines," *Nordisk Med.*, 1971, 16, 1065-73.
Increase of dose and tolerance leads to deleterious medical and social effects.
- 25.** Jouglard, J., "Adverse Effects of Benzodiazepines with Potential Social Consequences." Report by the Pompidou Group Council of Europe. A Contribution to the Sensible Use of Benzodiazepines, Seminar, Strasbourg, January 2001.
This is an extensive report on the physical, mental, and social consequences of benzodiazepine ingestion.
- 26.** Douglas, D. B. "Addictive Drugs and Alcoholism," *Journal of American Medical Association*, 1974, 239, 375.
Minor tranquilizers – such addiction is more tenacious and life threatening than alcoholism. These drugs are as dangerous and tenacious as heroin, often more so.
- 27.** Moore, A. R., et. al., "Drug Induced Cognitive Impairment in the Elderly," *Drugs Ageing*, 1999, 15, 15-28.
The benzodiazepines are the worse drugs for causing dementia.
- 28.** O'Brien, C. P., "Myths About the Treatment of Addiction," *Lancet*, 1996, 347, 237-40.
The associated medical, social, and occupational difficulties that develop during addiction do not disappear with detoxification. Treatment for addiction should be regarded as long term.
- 29.** B. N. F. "Hypnotics and Anxiolytics," BMF, British Medical Association and Royal Pharmaceutical Society of Great Britain, 2004, 173.
The time needed for withdrawal (from benzodiazepines) can be a year or more.
- 30.** Okacha, C. I., "Treating the Patient with Benzodiazepine Addiction," *Hospital Update*, 1995, 21, 396-401.

Abrupt discontinuation increases the risk of major withdrawal phenomena. It is important to give the patient adequate explanation, reassurance, and support. The patient should be taught alternative coping strategies. The likelihood of developing dependence increases with dose, length of use, or rapid withdrawal. The prolonged benzodiazepine withdrawal syndrome – a small minority of patients (about 30% - RFP) report significant symptoms up to 5 years following withdrawal.

31. Ashton, H., “Benzo Withdrawal: Outcome In 50 Patients,” *British Journal of Addiction*, 1987, 82, 665-71.
The benzodiazepines may actually cause or aggravate a variety of psychological and psychosomatic symptoms.
32. Ashton, H., “Anything For A Quiet Life,” *New Scientist*, 1989, 6, 34-37.
No wonder they (benzodiazepines) create more problems than they solve.
33. Ashton, H., “Protracted Withdrawal Syndromes From Benzodiazepines,” *Journal of Substance Abuse Treatment*, 1991, 8, 19-28.
There is a history in long term users of steadily increasing anxiety, with the development of new symptoms such as agoraphobia, perceptual distortions, and depersonalization.
34. Mellinger, G. D., et. al., “Prevalence and Correlation of Long Term Regular Use of Anxiolytics,” *Journal of American Medical Association*, 1984, 251, 375-9.
Poor physical health distinguished between long term users and others more sharply than any other factors at a rate seven times that of non users.
35. Allgulander, C., et. al., “A 4-6 Year Follow Up of 50 Patients With Primary Dependence on Sedative/Hypnotic Drugs,” *American Journal of Psychiatry*, 1984, 141, 1580-82.
Follow up showed 86% of patients had resumed using sedative/hypnotic drugs, 52% was abusing drugs, and 21% had been readmitted. Three patients experienced delirious states, 6 epileptic seizures. Physical signs of alcoholism had developed in 22% and 4 (8%) had committed suicide. Social deterioration was noted in 24 patients. Sedative/hypnotic dependence is one factor conducive to alcohol abuse. High rates of somatic – psychiatric morbidity and mentality was registered. The patient group originally investigated was on a higher social level than the general population. (Patients were discharged with no care or support program – authors recommend the creation and evaluation of treatment programs. – RFP)
36. Ashton, H., “Adverse Effects of Prolonged Benzodiazepine Use,” *Adverse Drug Reaction Bulletin*, 1986, 118, 440-43.

Patients on low chronic doses of benzodiazepines sometimes commit uncharacteristic antisocial acts.

37. Borg, S. "Dependence on Sedative/Hypnotic Drugs," In *Pharmacological Treatment of Anxiety*. National Board of Health and Welfare. Drug Information Committee, Sweden, 1988, 1, 135-43.
In spite of good socioeconomic conditions the long term prognosis for patients with sedative/hypnotic dependence seems to be similar to that for alcohol abuse. (The upper therapeutic dose of diazepam is 60mgs. and is equivalent to 4/5 of a bottle of spirits – RFP.)
38. Brown, C. R., "Use of Benzodiazepines in a Prison Population," *Journal of Clinical Psychiatry*, 1978, 39, 219-22.
---some who were addicted to valium and other benzodiazepines had prolonged withdrawal effects, much longer than even heroin and methadone addicts.
39. Cantopher, T., et. al., "Chronic Benzodiazepine Dependence," *British Journal of Psychiatry*, 1990, 156, 406-11.
Those who were successfully withdrawn were – better on every measure when off their benzodiazepines than they were at baseline (on benzodiazepines – RFP).
40. Cormack, M. A., "The Effects of Minimal Intervention By General Practitioners in Long Term Benzodiazepine Use." *Journal of Royal College of General Practitioners*, 1989, 39, 408-11.
Many people feel better in a number of ways without the drugs (benzodiazepines). They feel that their capabilities have been dulled by the drugs and that a new or forgotten self emerges when the drugs are discontinued.
41. Cooperstock, R., et. al., "Some Social Meanings of Tranquillisers Use," *Sociology of Health and Illness*, 1979, 1, 331-7.
More than 50% indicated somatic problems as the initial reason for prescriptions (other surveys show that about 25% or less are first prescribed for psychiatric or primary anxiety reasons – RFP).
42. Guilleminault, C. "Benzodiazepines, Breathing, and Sleep," *American Journal of Medicine*, 1990, 88 Supplement 3A, 3-25.
Prescription of these drugs may worsen sleep, related breathing disorders, and long term use may also cause health problems.
43. Haskell, D., et. al., "A Survey of Diazepam Patients," *Psychopharmacology Bulletin*, 1986, 22, 434-438.

Patients on diazepam have been taking it for a long time and are not generally asymptomatic. They have more symptoms than patients ordinarily considered for anti-anxiety drug studies.

44. Hendler, N. "Comparison of Cognitive Impairment Due to Benzodiazepines and to Narcotics," *American Journal of Psychiatry*, 1980, 137, 828-30.
---conclusively state that benzodiazepines were more likely to produce cognitive impairment with concomitant EEG changes than were narcotics.
45. Herxheimer, A. "Driving Under the Influence of Oxazepam: Guilt Without Responsibility." *Lancet*, 1982, 2, 223.
The state of mind --- would aggravate the difficulty of understanding that something was wrong and of taking appropriate action, let alone suspecting a connection between the state of mind and taking the drug.
46. Holm, M. "One Year Follow Up of Users of Benzodiazepines in General Practice," *Danish Medical Bulletin*, 1990, 37, 188-91.
There was a tendency for greater psychiatric morbidity in patients on heavy dose long term benzodiazepines. Long term users of anxiolytics tended to be older persons with high levels of emotional distress and chronic somatic health problems.
47. Katz, D. L., "Sedatives and Tranquillisers," *New England Journal of Medicine*, 1972, 286, 757-60.
Another harmful effect of these drugs is that they may prevent the patient from getting to the source of the problem (reason for prescribing) and taking appropriate action.
48. Kellet, J. M., "The Benzodiazepine Bonanza," *Lancet*, 1974, 2, 964.
The Patients showed no improvements in their behavior, if anything suicide attempts increased.
49. Lader, M., "Benzodiazepines and Memory Loss: More Than Just Old Age," *Prescriber*, 1992, 3, 13.
Patients taking oral doses of a benzodiazepine then suffer from an amnesic episode, a lapse of memory or "blackout." In some rare instances antisocial behavior even involving homicide seems to have occurred during such an episode.
50. Lader, M., "Benzodiazepine Problems," *British Journal of Addiction*, 1991, 86, 823-28.
The patient must be motivated and carefully prepared for withdrawal and taught anxiety management techniques.

51. Lennane, K. J., "Treatment of Benzodiazepine Dependence," *Medical Journal of Australia*, 1986, 144, 594-97.
Patients who are dependent --- may face a very unpleasant illness, in many cases very much worse than the condition for which they were prescribed drugs in the first place.
52. Maletsky, B. M., "Addiction to Diazepam," *International Journal of Addiction*, 1976, 11, 95-115.
--- age, sex, the presence or absence of a history of psychiatric, alcoholic, or drug related problems had no bearing on development of tolerance or withdrawal, thus raising the question about the validity of the "addiction prone" concept.
53. Moore, C., "Oxazepam Withdrawal Syndrome," *Medical Journal of Australia*, 1982, 2, 220.
Withdrawal from benzodiazepines can be as life threatening as barbiturate withdrawal.
54. Peters, V. H., et. al., "Abuse of and Addiction to Diazepam," *Drug Research*, 1970, 20, 876-77.
Continued use (of diazepam) can provoke depressive manifestations which may give rise to diagnostic errors.
55. Prescott, L. F., "Safety of Benzodiazepines," In Costa E (Ed) The Benzodiazepines From Molecular Biology To Clinical Practice, Raven Press, N.Y., 1983, 253-265.
These drugs have subtle effects on mood, mentation behavior, reducing activity, drive, initiative to the extent that patients may fail to react to adverse or dangerous situations and precipitate the taking of an overdose. These adverse effects may be unrecognized by patients --- the patient who takes nitrazepam at night will still have about 85% of the dose in his body as he drives his car to work the following morning.
56. Rickels, K., et. al., "Long Term Therapeutic Use of Benzodiazepines Effects of Abrupt Discontinuation," *Archives of General Psychiatry*, 1990, 47, 899-90.
Patients who were able to remain free of benzodiazepines for at least five weeks obtained lower levels of anxiety than before discontinuation.
57. Schlicht, H. J., et. al., "Frequency of Positive Diazepam Screening in Post Mortem Examination," *Zeitschrift fur Rechtsmedizin*, 1979, 82, 271-77.
The association between diazepam and poisoning was statistically highly significant.

58. Schneider-Helmert, D., "Why Low Dose Benzodiazepine Dependent Insomniacs Can't Escape Their Sleeping Pills," *Acta Psychiatrica Scandinavica*, 1988, 78, 706-11.
Low dose benzodiazepines dependence leads to a complete loss of hypnotic activity and substantial depression of delta and REM sleep.
59. Schweiger, E., et. al., "Dr. Schweiger & Associates Reply," *American Journal of Psychiatry*, 1989, 14, 1240.
Patients, once they have been withdrawn from their maintenance benzodiazepine show more improvement on clinical measures of anxiety and depression than they did during their chronically medicated state.
60. Smith, R. J., "Study Finds Sleeping Pills Overprescribed," *Science*, 1979, 204, 287-88.
--- the IOM report concludes that although barbiturates are as hazardous as everyone thinks, the chief alternative, benzodiazepines may be just as risky and in some ways may be even more risky than barbiturates.
61. WHO Review Group, "Use and Abuse of Benzodiazepines," *Bulletin of WHO*, 1983, 61, 551-562.
A variety of effects have been reported in association with repeated administration of benzodiazepines in clinical use including, hostility, depression, antisocial behavior, paranoid ideation, and suicidal tendencies.
62. Bond, A. J., "Drug Induced Behavioral Disinhibition," *Section of Clinical Psychopharmacology, Institute of Psychiatry, University of London*, 2001, pp20 – Report.
There are numerous anecdotal case reports in the literature of behavioral disinhibition during administration of benzodiazepines – behavioural disinhibition implies the loss of restraint over some form of social behavioral especially if this is unpredictable or uncharacteristic of the individual concerned.
63. Lechin, F., et. al., "Immunological Parameters in Long Term Benzodiazepine Users," *Clinical Neuropharmacol*, 1994, 17, 63-72.
Chronic consumption of benzodiazepines provokes significant immunological disorders.
64. Breggin, P. R., "Brain Disabling Effects of Benzodiazepines," In Breggin P. R. (Ed) Brain Disabling Treatments in Psychiatry, 1995, pp12.
There are at least two probable causes for abnormal behavior produced by benzodiazepines. One is the direct intoxication resulting in impaired executive and cognitive function including reduced judgment and impulse control.

65. Anonymous, "Benzodiazepines," *NAAA*, 1999.
Almost half the benzodiazepine users in a study conducted by the National Drug and Alcohol Research Center committed some form of property crime whilst under the influence of these pills. Overdose is quite possible with the benzodiazepines, blood pressure drops so low that oxygen does not get to vital organs, the body shuts down and breathing slows and stops.
66. Khantjian, E. J. et. al., "Acute Toxic Withdrawal Reactions Associated With Drug Use and Abuse," *Annals International Medicine*, 1979, 90, 361-72.
The opiate withdrawal syndrome represents the least life threatening – when compared with other classes of drugs. Withdrawal of these drugs (sedative/hypnotics) is extremely dangerous. Abstinence symptoms ranging from tremulousness, irritability, seizures, delirium, and death may result.
67. Salinsky, J. V., et. al., "Characteristics of Long Term Benzodiazepine Users In General Practice," *Journal of Royal College of General Practitioners*, 1987, 37, 202-04.
Long term users of benzodiazepines had significantly higher scores for anxiety and other neurotic traits, from those of controls. They were more likely to suffer physical illness than the controls.
68. Gershman, R., "The Hidden Epidemic," In Colvin, R., (Ed) Prescription Drug Abuse, Addicus Books, Inc., 1995, Part I, 53-54.
I have treated ten thousand patients for alcohol and drug problems and have detoxed approximately 1,500 patients for benzodiazepines – the detox for the benzodiazepines is one of the hardest detoxes we do. It can take an extremely long time, about half the length of time they have been addicted – the ongoing relentless withdrawals can be so incapacitating it can cause total destruction to one's life – marriages break up, businesses are lost, bankruptcy, hospitalization, and of course suicide is probably the most single serious side effect.
69. Lader, M., "Withdrawal Reactions After Stopping Hypnotics In Patients With Insomnia," *CNS Drugs*, 1988, 10, 425-40.
Together with the risks of rebound and withdrawal, the risk-benefit ratio for the benzodiazepines becomes adverse beyond about two weeks of continuous administration.
70. Carskadon, M. A., et. al., "Daytime Carryover of Triazolam and Flurazepam in Elderly Insomniacs," *Sleep*, 1982, 5 Supplement 4, 361-71.
Residual effects of hypnotics constitute a hazard and interference with mode of living.

71. Cooperstock, R., et. al., "The Effects of Tranquillization," Benzodiazepine Use In Canada, National Health and Welfare Canada, 1982, pp 67.
--- benzodiazepines, the possibilities of impaired decision making, decreased learning skills, released aggression, and impaired ability to empathize have a significance extending beyond the lives of these individuals to the community at large. These consequences of use are common to a variety of mood altering substances such as alcohol, marijuana, and other illicit drugs as well as benzodiazepines --- attention to social and legal facets of use is required.
72. Marks, J., "Benzodiazepines and Anxiety," In McNaughton, N., et. al. (Eds), Anxiety, University of Otago Press, Dunedin, 1990, 109-113.
(...benzos) – the risk of physical dependence demands ethical consideration. Beyond four weeks use the doctor should discuss the risks involved in continuing therapy and – the patient provides written informed consent for continued therapy.