

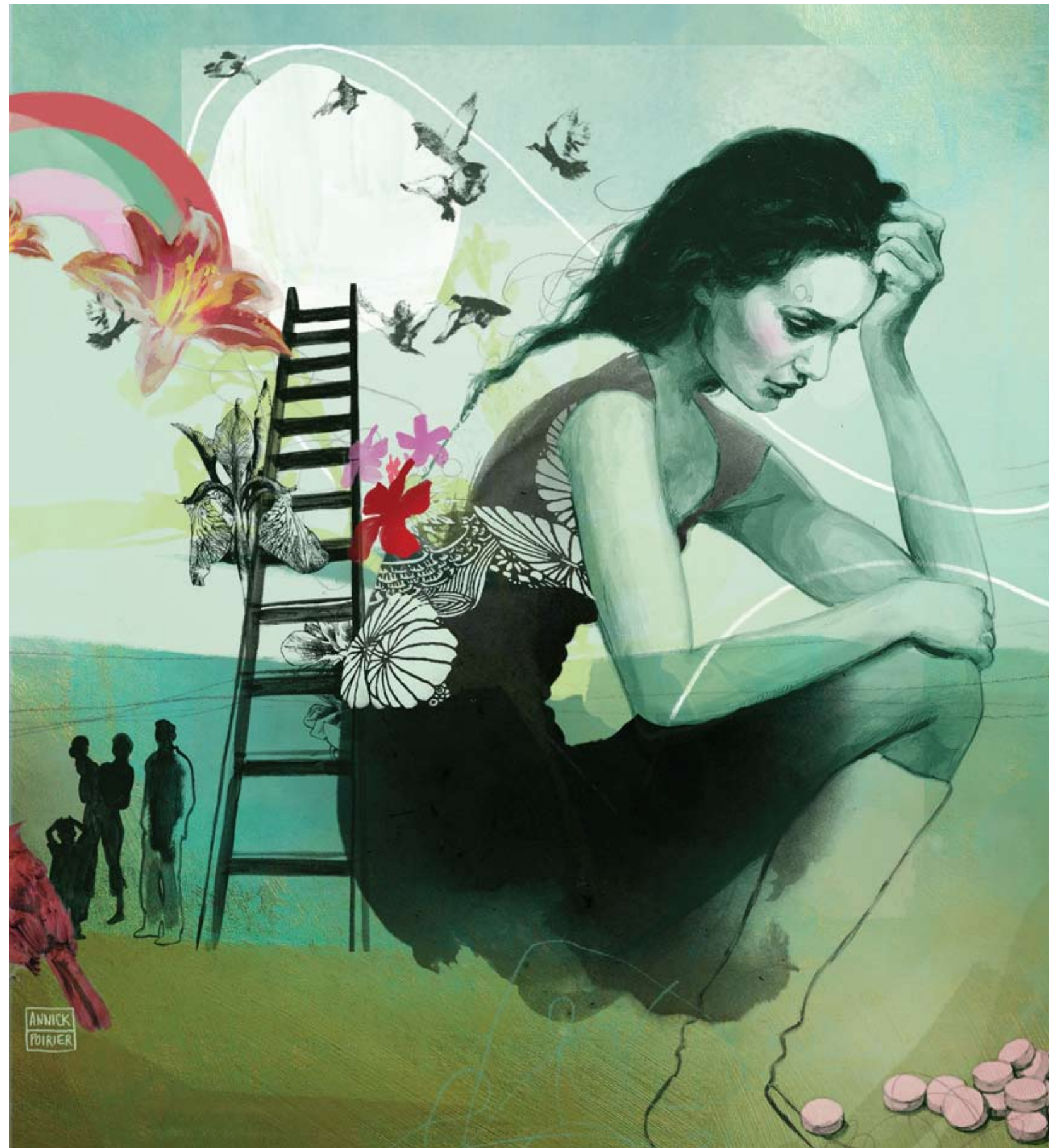
The Benzo trap

Anti-anxiety drugs are the most prescribed psychiatric medicine in the world. Yet the highly addictive drugs actually worsen your condition in the long-term. And that's something that should make us all a little...anxious.

MATT SAMET

I'd recognize that voice anywhere. It's trauma talk, flattened of affect and devoid of emotion. Survivors of war and victims of assault sometimes talk this robotic way, and so do those withdrawing from anti-anxiety drugs (formal name: benzodiazepine tranquilizers). Teryn Taylor, of Marion, Indiana, has the benzo voice.

A onetime speech therapist, Taylor, 32, was on benzos for seven years. She stopped them four years ago, but because of the cold-turkey manner in which she was taken off them, she's still recovering. These tiny, innocuous-looking pills come in pastel blues and Pepto-Bismol pinks. Doctors routinely prescribe them for anxiety, panic attacks, and insomnia. In fact, you probably know someone—a friend or relative—on them, or may have taken them yourself. The most frequently prescribed benzos today—Ativan, Klonopin, and Xanax—are also the most potent, fastest acting, and most addictive. And they can cause a cascade of problems.



Three Simple Changes

1. **Get eight hours of sleep.** This helps lower blood pressure and increases your metabolism.
2. **Lift weights.** Gaining 5 to 10 pounds of lean muscle significantly increases your fat-burning ability.
3. **Meditate.** Research shows this lowers stress, blood pressure, and the risk of heart attack and stroke, and it also may reverse atherosclerosis.

Take Taylor. After stopping the benzos, she's spent most of her days on the couch, riddled with withdrawal symptoms: severe weakness and fatigue; oversensitivity to stimuli; electric jolts through the brain, called "brainzaps"; difficulty breathing; and a pervasive sense of terror. "It feels like being a prisoner of war," says Taylor, who hasn't worked in more than two years. Only at night, when her withdrawal symptoms lift a bit, can she spend quality time with her daughter, Emily, 7.

Taylor is not crazy. She's not a drug addict, basket case, or malingerer. She's a sharp, pretty Midwestern woman—a former distance runner, straight-A student, and masters program alum. And she's one of the tens of thousands in the United States who have fallen into the benzo trap. However, with time and perseverance, Taylor will heal. "My wish," says Taylor, "is that nobody experience this... and that the people be educated on the dangers of these terrible drugs."

The Tic-Tac pill

MANY PSYCHIATRISTS and general practitioners hand out benzos like candy, prescribing them for everything from muscle pain and insomnia to grief and anxiety—in other words, the vicissitudes of life. An estimated 5 million people in the US take regular "therapeutic doses," and worldwide, at least 3 percent to 15 percent of adults use prescribed benzos, says Dr. Heather Ashton, MD, of the University of Newcastle upon Tyne, in England. Ashton holds a PhD in psychopharmacology and is the world's leading benzo expert. She has made the study of these drugs her life's work, even testifying in a groundbreaking class-action lawsuit in the United Kingdom in the 1980s, one of the first such actions to bring the problem to light.

Yet an established and growing body of knowledge links long-term use of benzos with such serious risks to your neurological and psychological health as possible brain atrophy, "emotional anesthesia" (emotional numbness), memory impairment, and suicidal tendencies, Ashton says.

Despite the risks, people are frequently given benzos as a first-line treatment. Taylor's first psych-med encounter came in 1996, three weeks after the death of her mother. Although she was not clinically depressed at the time—just grief stricken—she was given the benzo Xanax, as well as the antidepressant Paxil. As her body became tolerant to the drugs, Taylor soon

needed them just to feel normal. Any effort to quit sent her into painful and protracted withdrawal and anxiety, for which doctors would simply prescribe more meds. She was stuck on the benzo rollercoaster: dramatic "downs" when a particular dosage lost its efficacy, and then, when the dosage increased, "ups" for the brief period that she felt somewhat normal.

Over the last 11 years, Taylor has been given the benzos Ativan, Klonopin, Valium, and Xanax and different antidepressants and mood stabilizers. In the last nine years, she has been up, down, on again, off again, all over the map. She quit the benzos completely in 2004, when, as often happens in the US, she was detoxed cold turkey. To mask her withdrawal symptoms, she was placed on four other psychotropic medicines that she's had to self-taper from. This has made her withdrawal syndrome longer and more complicated than necessary.

But even without the complications Taylor faced, "the withdrawal syndrome in individuals coming off benzos can be challenging for both patient and doctor, as it might last for weeks or months," says Dr. David Perlmutter, MD, a neurologist at the Perlmutter Health Center in Naples, Florida, and author of *The Better Brain Book* (Riverhead, 2004). "In this respect, getting people off may be just as challenging as cocaine and other 'street drugs.'"

Bugaboos be gone

SO HOW DID THESE DRUGS become so pervasive? At first, they seemed to offer a cure for all our anxiety. But fear and anxiety actually perform a valuable function: In the face of a threat, our "fight-or-flight" adrenal response is a normal physiological mechanism, one that's kept us alive through the ages (think of our ancestors defending themselves from, say, saber-toothed tigers).

Sometimes, however, the fear response also gets triggered by imagined threats—nonexistent or overblown ones—leading to anxiety disorders. The Diagnostic and Statistical Manual of Mental Disorders IV lists 12 different flavors of anxiety, which fall under categories such as phobias, generalized anxiety, panic disorders, obsessive-compulsive disorder, etc.

All of them cause extreme psychic and physical discomfort. In a panic attack, perhaps the most acute manifestation, your heart slams, you sweat, you hyperventilate, death seems imminent. Your sympathetic (arousing) nervous system has overwhelmed the parasympathetic (calming)

response, flooding you with adrenaline and norepinephrine hormones.

Over the short term—no more than two weeks—or with intermittent use, says Ashton, benzos sometimes can help, for example, for acute psychological trauma or a newly flourishing panic disorder. Since their introduction, however, benzos have been marketed as a general panacea. In 1960, Librium, the first benzo, hit the market, with the slogan: "Whatever the diagnosis—Librium." This pushed the idea that garden-variety complaints—asthma, ulcers, hypertension—were mere manifestations of anxiety. As "mother's little helper," these drugs came promoted as safe, non-addictive solutions to stress and other lesser afflictions.

Their popularity soared, and in the 1970s, the proto-benzo Valium became the most heavily prescribed drug in America, according to psychiatrist Peter Breggin in his seminal book *Toxic Psychiatry* (St. Martin's Griffin, 1994). In fact, during its 1978 zenith, Americans consumed 2.3 billion Valium tablets. Xanax, stronger yet, replaced it in 1986, though the problems with long-term benzo use and subsequent addiction had, by then, been well documented.

Commonly prescribed benzos today include Ativan, Klonopin, and Xanax, as well as the sleeping pill Restoril. The "non-narcotic" sleeping medicines Ambien, Lunesta, and Sonata, while not technically benzos, act similarly on the brain and can cause the same problems.

Benzos have been overprescribed, "partly because they were safer than barbiturates [earlier-generation tranquilizers]," says Ashton, and "partly because of very strong drug company pressure, ignorance, and persuadability of doctors trying to be kind to their patients."

Doctors, Dr. Ashton says, tend to ignore the literature, which has presented the problem since the Valium debacle of the 1970s and 1980s, and they routinely ignore prescribing guidelines (including the FDA's) that cap daily usage at two weeks. An in-depth report by Health Canada (the country's department of health) titled "The Effects of Tranquilization: Benzodiazepine Use in Canada" summarized it best: "A major factor responsible for the acceptance of these drugs has been the pervasive mythology that there are instant solutions to problems of living and that the most effective and rapid solutions are chemical in nature. Society has come to expect quick responses to any problem, whether it be the common cold, anxiety, or grief." By accepting this philosophy, continues the report, "many people have come to view benzodiazepines as essentially a social and recreational drug, not unlike alcohol."



What's in a name

The most commonly prescribed benzodiazepines:

- Ativan (lorazepam)
- Klonopin (clonazepam)
- Restoril (temezepam)
- Valium (diazepam)
- Xanax (alprazolam)

Some of the highest-potency (fastest acting and most addictive) benzos:

- Ativan
- Halcion
- Klonopin
- Xanax

Drugs similar in action to benzos (so-called "nonbenzodiazepines"):

- Ambien
- Lunesta
- Sonata

How they work

BENZOS DON'T GET YOU HIGH or give you a rush. They relax and calm you. They do this by enhancing the action of a neurotransmitter called gamma amino butyric acid (GABA), an "in-built calmer or in-built benzo if you like," says Dr. Ashton. Your brain cells have receptor sites for GABA, and benzos increase those receptors' affinity for the calming neurotransmitter.

But when all your GABA is "enhanced" by benzos, "the brain thinks, 'I don't need all this GABA around,' so the receptors for it go away—they internalize, or invert, into the inside of the nerve," says Dr. Ashton. As you lose the GABA receptors, you begin to feel anxious again, even though you're still on the benzo drug. This is called "tolerance withdrawal." You have to increase the benzo dosage to get the same calming effect. "If you stay on the same dose, you go into withdrawal while you still take the benzos," says Dr. Ashton.

Along with the steadily rising dosage, other problems beset those who take benzos daily. The Health Canada report found that long-term use impairs learning ability, motor skills, and sex drive as well as your ability to empathize with others and your natural ability to cope with stressful situations. "We regularly see individuals with such issues as confusion, generalized fatigue, sleep disorders, slurred speech, and even motor problems like incoordination and unsteady gait," says Perlmutter. All of these stem from the effect benzos have on your neurons.

The withdrawal

THE PROBLEMS WORSEN when the addicted, trapped in a downward spiral of depression, cognitive fog (cog fog), and anxiety, try to stop the meds. Most patients are told by their doctors that the drugs are non-addictive and perfectly safe, says Ashton, misinformation that trickles down from the pharmaceutical companies. In reality, during benzo withdrawal, "you go into hyperdrive and acute anxiety," she says, because your body has become dependent on the tranquilizers. You might also face profound insomnia, panic attacks, muscle tremors,



muscle stiffness, sweating, palpitations, gastrointestinal distress, hallucinations, and nightmares.

The hospitals, detox centers, and doctors who follow a typical addiction-treatment protocol frequently insist that patients, like Taylor, cease benzos, even at high doses, in weeks or even days. But when stopped abruptly—and in an unlucky few, even when tapered slowly—benzos can foster a withdrawal syndrome much more severe than almost any other drug. Such rapid cessation can lead to complications like protracted (18-plus-month) withdrawal periods, and even psychosis, seizures, and death.

What's more, because benzos enjoy legal sanction, there's

Survival Tips

When tapering off benzos, the following tips will help see you through the withdrawal:

PACE YOURSELF. Do not push too hard, physically socially, or emotionally, even when you feel well. Over-extending can lead to heightened withdrawal and demoralizing setbacks, says Kellagher. Your system, she says, wants you to "sit down and heal."

AVOID CAFFEINE AND SUGAR. Patients in benzo withdrawal, says neurologist Dr. David Perlmutter, can become hypersensitive to the stimulatory effects of sugars. Instead, he recommends whole, organic foods and an intake of "adequate dietary protein" several times daily, as well as complex carbohydrates (like whole grains), to smooth blood-sugar levels, too.

LEARN ACCEPTANCE, PATIENCE, AND WISDOM. Many have chased dead ends with doctor visits and need-less therapy, only fully to recover from their anxiety issues once the withdrawal

ended. In withdrawal, "we have to learn to use our mind to calm ourselves—not just our bodies," says Kellagher. "Looking to the wisdom traditions—yoga, meditation, centering, prayer—is probably the best place to go."

WALK. According to Perlmutter, exercise—even mild exercise—releases the brain-calming chemical serotonin. So while jumping on a treadmill or stationary bike may seem overwhelming, a short walk is doable even on the worst days. You should walk with "conscious awareness

that it's not just to get from one place to another, but is a meaningful activity serving an integral role in your recovery," advises Perlmutter.

DISTRACT YOURSELF. Any pleasant diversion, such as a crossword puzzle, phone conversation, or non-violent movie, will fill time and declaw certain withdrawal symptoms. "I took a job in a bakery five months after stopping benzos," says Kellagher. "The structure of the time was really, really helpful."

BREATHE. Diaphragmatic breathing,

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often "less compassion offered to individuals addicted to benzos, compared to those addicted to more glamorous drugs," says Perlmutter.

Escape the trap

The best way to avoid the dangers of anti-anxiety drugs is, of course, not to take them in the first place (or only in acute, emergency situations and for no longer than two weeks). In times of stress, anxiety, or panic, instead the best solution is to use exercise, diet, mind-body exercises, and other techniques that bolster your body's ability to calm itself. (See the Web Exclusive "Alleviate Anxiety Naturally.")

For those already dependent on benzos, you have to taper slowly, says Ashton. "These inverted receptors—big protein molecular structures that take a lot of brain and body energy to resynthesize—have to come back again. This takes time and a lot of metabolic energy, but it does happen," she says. However, "to do it suddenly is a terrible shock to the system." Depending on your starting dose and how you taper, it can sometimes take years for the GABA receptors to fully regrow, so that the neurotransmitter can do its job and relax you.

At the root of a smart taper lies Dr. Ashton's protocol: The Ashton Manual (Benzodiazepines: How they work and how to withdraw"; for more details on her method, go to benzo.org.

uk/manual.) This work has a mammoth grassroots following and has been translated into seven major languages. It is, in fact, emerging as perhaps the only sane way off the drugs. The so-called "Ashton Method" draws from her countless research papers and 12 years of experience running an outpatient benzo withdrawal clinic, from 1982 to 1994, during which time she saw hundreds of people safely off the meds.

This method aims for a slow, self-guided taper that can last up to two years or longer, depending on your starting dose and physiology. Ashton encourages patients to switch the benzo they take to Valium, which has the longest half-life (200 hours) of any benzo. (The half-life is the time it takes for half a given dose to leave your body.) Because Valium leaves your body slowly, a little bit at a time, the drug is almost "self-tapering," with a gradual come-down that creates less inter-dose anxiety than the faster-acting benzos, like Xanax and Klonopin, explains Ashton. The more slowly you taper, the greater chance your GABA receptors have to regenerate with each dose reduction.

You can further ease the withdrawal by complementing the taper with anxiety-reducing techniques such as yoga, breathing exercises, and streamlined nutrition (see "Survival Tips" on page TK.) All of these, combined with a smart taper, can ameliorate many of the withdrawal symptoms.

while drawing breath in through the nose and out through the mouth, with a two-second pause after exhalation, calms the nervous system. For specific pranayama exercises that ease depression and anxiety, go to naturalsolutionsmag.com.

YOGA. Very light yoga, in a therapeutic yoga class, with a partner, or using a DVD, will help you feel at peace. Kellagher does yoga with her clients, running through a routine based on grounding movements and those that bring a sense of safety and security, based in the early chakras. "It



helps people to do the yoga with someone else, too, to feel connected," says Kellagher. [[there may also be a bullet point on acupuncture from David Scrimgeour]]

Alison Kellagher, who has a master’s in counseling and is based in Boulder, Colorado, works with those who want to quit or who are withdrawing from the meds. A benzo survivor herself, Kellagher underwent five abrupt withdrawals, the final one off 7 mg per day of Klonopin in 2002. Kellagher took three years to heal and has returned to the Nordic skiing and competitive cycling she’d been forced to set aside while benzo sick.

Because she knows just how bad withdrawal can be, Kellagher coaches her patients in acceptance, working on simple breathing and relaxation techniques, and calming (read: non-strenuous) yoga poses to combat the fear state of withdrawal. “The central thing is to help people recognize the syndrome,” says Kellagher. “They need to understand that this is an existing and understood withdrawal syndrome, and recognize where they are in the process.”

Kellagher also counsels patience; simple living (eating well, avoiding stress, and sleeping as you can); and extreme caution when adding outside agents (vitamins or supplements) to try to mend the nervous system. Concentrated amounts of individual nutrients may further upset the delicate neurochemical balance in benzo patients, she says, so it’s better to get your nutrients from foods.

Calm waters ahead

Despite the formidable challenges of these medications, people do escape the benzo trap. For those who taper slowly, Ashton pegs relapse rates at only 10 percent. After the withdrawal, people rarely get cravings. The body heals itself. And life goes on. Many even say their lives are much better than before.

Teryn Taylor, now tapering her final psychiatric medicine at a slow, cautious rate, moves closer to her goal of wellness with each dosage cut. And though her symptoms can often still be debilitating, she says she’ll consider herself healed when they’ve subsided enough that she can attend one of Emily’s softball games, and just “be a normal wife and mother.” She won’t return to her job as a speech therapist, and instead wants to focus on helping other people addicted to benzos. “It’s still hard for me to believe that this is my story. It’s just so barbaric,” she says.

During her recovery, Taylor says she’s relied on her faith and phone consultations with a pastor who specializes in somatic psychology to help heal the trauma—as well as help from her family, friends, online support groups, and Puggles, the family dog.

But she also has something all survivors of these tranquilizers—or any deep physical trauma—seem to manifest: the almost metaphysical belief in the intrinsic health of the mind and body. It’s what Kellagher, in her work, calls a “faith in our innate healing health, or capacity to heal.”

Matt Samet, a freelance writer, just celebrated two years’ freedom from benzodiazepines (and 18 months off all psych-meds) after 13 years on them.

Benzo Resources

*Benzodiazepine Addiction, Withdrawal & Recovery: benzo.org.uk

*The Ashton Manual: benzo.org.uk/manual/index.htm

*The Benzo Book: Jack Hobson-Dupont’s personal story and well-researched take on benzodiazepine withdrawal syndrome; Essex Press, 2006. Also available for free PDF download at thebenzobook.com

*Benzodiazepine Withdrawal Support: health.groups.yahoo.com/group/benzo/, a forum and rich compendium of papers, success stories, and benzo resources