# INVOLUNTARY TRANQUILLISER ADDICTION

*An All-Party Parliamentary Group recently drew the nation's attention to the damage caused by prescription and over-the-counter drugs – harms to a greater volume of people than from all illicit drugs. Michael Behan reports a worsening situation.*

The March 2009 edition of *Addiction Today* contained an article from the All Party Parliamentary Drug Misuse Group – APPDMG – summarising its recent report on the group's inquiry into physical dependence and addiction to legal drugs. The All Party Parliamentary Group on Involuntary Tranquilliser Addiction – APPGITA – originally assisted in this inquiry. After reading a draft copy of the inquiry's report we disassociated ourselves and decided to produce an alternative report on involuntary tranquilliser addiction, and to make alternative recommendations.

We had provided expert witnesses to the inquiry on the tranquilliser problem: Professor Heather Ashton of Newcastle University, Una Corbett of the withdrawal charity Battle Against Tranquillisers and Pam Armstrong of the Council for Information on Tranquillisers and Antidepressants. However, the authors discounted that oral and written evidence put to the enquiry in reporting their own conclusions and ideas on tranquillisers. Those ideas correspond closely to existing Department of Health misconceptions on the subject.

It is DoH misconceptions which have led to the present situation: described by a witness to the enquiry, Milly Kieve, as a "public health emergency".

## BACKGROUND.

By "involuntary tranquilliser addicts" we mean patients introduced to tranquillisers by their doctors without appropriate warning of the dangers involved. Guidelines for tranquilliser use recommend prescribing for short periods only, two-four weeks. But doctors are prescribing tranquillisers to patients for months, years – and to some patients for 30-40 years.

Tranquillisers are highly addictive and toxic drugs. They consist of benzodiazepines such as Valium (diazepam), Ativan (lorazepam), temazepam and Mogadon (nitrazepam) and the "Zed" drugs such as zopiclone. Tranquillisers cannot cure any illness but they can alleviate symptoms of anxiety for a short time.

In chronic use, tranquillisers produce physical and psychological side effects which can be intense and bizarre. 200 side effects are listed and addicts often experience 20-30 at one time.

Tranquilliser addiction is a physical addiction which alters the chemistry of the brain, which is slow to recover after chronic use. So tranquilliser withdrawal is complex and can be traumatic and painful. To be safe and successful, withdrawal from a therapeutic dose can take from six months to two years.

Good-practice withdrawal involves slow tapering of dosage. A withdrawal protocol has been designed and published by Ashton. This has been used successfully worldwide and is available in 10 languages at *www.benzo.org.uk*. When addicts have reduced to a zero dose, they might experience a post-withdrawal syndrome lasting months or years and which could be permanent.

Benzodiazepine tranquillisers were introduced into the UK in the 1960s by Roche Products with exaggerated and proven-to-be-untrue claims for their indications and safety. Benzodiazepines were issued with "licences of right" by the Department of Health licensing agency with no assessment of safety or efficacy. A population of involuntary addicts was created which has existed continuously ever since – and is currently estimated at over 1million people.

Throughout this time, the DoH has refused to provide withdrawal services to involuntary tranquilliser addicts, with the current exceptions of one worker in Oldham and one prescribed medication nurse in Belfast.

The APPGITA was set up to raise awareness of this problem, and in particular to lobby for specialised withdrawal services to be provided by the DoH.

## HARMFUL EFFECTS OF INVOLUNTARY TRANQUILLISER ADDICTION

1: DEATHS. From 1990-1996, during which time the Home Office collected this statistic, benzodiazepine tranquillisers were responsible for more deaths – 1,810 – than all class A drugs added together, which totalled 1,660. Ashton has extrapolated those figures to cover the 45 years of tranquilliser prescribing, and added tranquilliser-related road traffic accident deaths, to produce a total of 17,000 tranquilliser deaths in the UK.

2: BENZO-BABIES. Babies born to mothers who have ingested tranquillisers during pregnancy can be born addicted and with damage such as floppy infant syndrome, neurological hyper-excitability and poor feeding.

3: ACCIDENTS. Tranquilliser impairment causes accidents in the home, such as falls and fractures in the elderly, at work and on the road.

4: TRANQUILLISERS ARE ROUTINELY OVERUSED in care homes and homes for the elderly.

5: SOCIAL COST. The social cost of involuntary tranquilliser addiction remains uncalculated but must be enormous. Like all drug addictions, involuntary tranquilliser addiction leads to the loss of employment, homes and marriages.

I believe that the APPDMG report ignores or under-reports all aspects of the tranquilliser problem. As mentioned, its recommendations resemble existing DoH policy on tranquillisers.

The only explanation offered for the tranquilliser problem is that, in the 1960s, "benzodiazepines were very favourably received by most patients" (p7).This is akin to the "blame the patient" explanation used by the DoH under this and previous administrations.

We believe that the tranquilliser problem does not come from the minds of patients but from within the DoH, where the pharmaceutical lobby dominates control of policy.

## THREE WAVES OF DISASTER.

The DoH failure to tackle the tranquilliser scandal paved the way for a second drug disaster, the SSRI – selective serotonin re-uptake inhibitor – antidepressants. The third psychoactive disaster is also on the way.

As with tranquillisers, the drug manufacturers were able to obtain a product licence for SSRIs as

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safe and efficacious – but SSRIs have been found to be toxic with low efficacy and cause a withdrawal reaction which can be severe. An estimated 7.5million people in the UK are long-term users of SSRIs .

Meanwhile, pro-drug campaigners are at work in and around government to introduce a third wave of psychoactive drugs. The new products include so-called "cognitive enhancers", "safe recreational drugs" and "psychedelic treatments for mental illness".

These plans can be seen on the website of Foresight, a government think-tank, in its *Drugs Futures 2025* literature and on the website of The Beckley Foundation. Many of the new products will contain the ingredients of drugs that are currently illegal.

The pharmaceutical companies can convert those ingredients into supposedly safe products, obtain product licences and then manufacture drugs designed to take control of the huge illegal market. The outcome could be that increasingly large segments of the population will be drugged – using drugs endorsed by the DoH. Sound familiar?

We believe that the DoH should break free from the pharmaceutical lobby and start work against all prescribed-drug addiction.

Furthermore, we believe that the DoH policy on tranquillisers is immoral because thousands of patients are introduced to addictive drugs by the NHS and reduced to the misery of drug dependence and addiction. Addicts are then been stigmatized as drug abusers and denied NHS treatment for their addiction. We have prepared a list of alternative recommendations which reflects the evidence of witnesses to the inquiry and are designed to seriously tackle involuntary tranquilliser addiction.

RECOMMENDATIONS.

- There should be... a national network of NHS-funded specialised tranquilliser withdrawal clinics with regional residential clinics for difficult cases... NHS-funded local support groups... a NHS-funded 24-hour national tranquilliser helpline... and training courses for specialised tranquilliser withdrawal counsellors.
- There should be medical research sponsored by the DoH into the mechanisms of damage from long-term use tranquilliser damage, which are so far unknown.
- Statistics should be compiled by the DoH to measure, for example, the number of addicts, the duration of addiction, the number of ex-addicts and the proportion of addicts permanently damaged, and the correlation between tranquilliser addiction and the uptake of Disability Benefit.
- Rehabilitation and back-to-work schemes should be available to those whose lives have been ruined by tranquilliser addiction.
- A review of all tranquilliser product licences should be conducted.
- A no-fault drug compensation scheme funded by a levy on the pharmaceutical industry should be created.

**MICHAEL BEHAN** is parliamentary researcher to Jim Dobbin MP, chair of the All-Party Parliamentary Group on Involuntary Tranquilliser Addiction.

*Images: Bilderbox*