

THE TRANQUILLISER GROUP

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BENZODIAZEPINE INFORMATION

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BENZODIAZEPINES – LEGALLY AVAILABLE AND BANNED

Alprazolam	Xanax
Bromazepam	Calmepam, Compendium, Creosedin, Durazanil, Lectopam, Lexaurin, Lexomil, Lexotan, Normoc, Somalium
Chlordiazepoxide	Librium, Tropium
Clobazam	Frisium
Clonazepam	Rivotril
Clorazepate dipotassium	Tranxene, Tranxilium
Diazepam	Alupram, Apozeepam, Antensine, Bosaurin, Diapam, Evacalm, Rimapam, Seduxen, Solis, Stesolid, Tensium, Valium, Valrelease
Estazolam	Eurodin, ProSom
Flunitrazepam	Rohypnol
Flurazepam	Dalmane
Ketazolam	Anseren, Anxon, Contamex, Loftran, Marcen, Sedotime, Solatran, Unakalm
Loprazolam	Dormonoct
Lorazepam	Almazine, Ativan, Temesta, Tavor
Lormetazepam	Noctamid, Ergocalm, Loramet, Methyllorazepam
Medazepam	Nobrium
Nitrazepam	Alodorm, Mogadon, Nitrados, Nitredon, Nilandron, Remnos, Somnite, Surem, Unisomnia
Oxazepam	Alepam, Murelax, Serepax, Seresta, Serenid, Serenide
Prazepam	Centrax
Quazepam	Doral, Dormalin
Temazepam	Euhypnos, Euhypnos Forte, Normison, Restoril, Tenox,
Triazolam	Halcion

A BRIEF HISTORY

Leo Sternbach (1908-2005) helped build the Roche Company's US headquarters at Nutley, New Jersey and invented benzodiazepine tranquillisers there. The first to be licensed (1961) was Chlordiazepoxide, marketed as Librium; the more potent Diazepam, marketed as Valium followed a year later. Dr. Sternbach tested a number of his tranquillisers on himself, suffered severe hallucinations as a result and had to take to his bed for two days and promise his wife never to self-test again.

Benzodiazepines were marketed as non-addictive and 2.3 bn pills were sold in 1978 but claims that Benzodiazepines were addictive began soon after they were introduced and included doctors who had tried their free samples on themselves and could not stop using them.

In 1979 the US Senate Health Committee directly contradicted the pharmaceutical manufacturers and declared all Benzodiazepines addictive after 6 weeks daily use and stated that Benzodiazepines are harder to get off than Heroin.

In the UK, Dr. Alec Jenner headed the medical research team at United Sheffield Hospitals and was responsible for testing and getting approval for Benzodiazepines to be used to treat humans. At the time, Dr. Jenner and his team knew the drugs only as those strong enough to sedate wild animals and permit surgery.

Once in general use in the UK, claims about addictive characteristics built up such that the BMA declared in 1986 that Benzodiazepines are on average addictive within 6 weeks of daily use and are extremely difficult to withdraw from. Shortly after, the Committee on the Review of Medicines in the UK declared that Benzodiazepines

have only very limited beneficial effect; on average 14 nights as hypnotics (sleeping pills) and 4 months as anxiolytics (tranquillisers).

Dr. Jenner finally broke silence in 2005 about the trials he and his team conducted on Benzodiazepines. The trials which led to the drug being licensed for human use in the UK were, Dr. Jenner stated, “of short duration” and “no consideration was given to the effects of long-term use, addiction or withdrawal.”

Dr. Jenner also stated

“I feel naïve but not guilty. What seemed so good about Benzos when I was playing with them was that it seemed like we really did have a drug that didn’t have many problems. But in retrospect it’s difficult to put a spanner into a wristwatch and expect that it won’t do any harm.”

The Tranquilliser group have been operating for twenty years and we have helped hundreds safely withdraw from Benzodiazepines drugs. We are in no doubt that the people we help are addicted and our experience is that anyone can become addicted after only two weeks daily use of Benzodiazepines. As Dr. Jenner stated, there was no research conducted about Benzodiazepines addiction or long term use or withdrawal before they were licensed for human consumption. There has been too little research since for statistical averages to reliably predict how soon a particular individual will become addicted to Benzodiazepines, how long the period of initial relief from using Benzodiazepines will last or how long it will take to safely withdraw.

3. WHAT DO BENZODIAZEPINES DO?

- i. Benzodiazepines block receptors in the brain. They cut down the amount of sensory input we can handle and make some mental processing impossible.
- ii. Benzodiazepines are powerful muscle relaxants. They relax all muscles in the body including those which operate without us having to think about them, like those used to digest food, focus the lenses of our eyes and to breathe.
- iii. Benzodiazepines interfere with concentration.
- iv. Benzodiazepines impair short-term memory.
- v. Benzodiazepines induce an 'absence of affect', which means our emotional life goes flat.

These five effects taken together are what make Benzodiazepines effective when we first use them. There are no switches in our brains labelled 'good nights sleep', 'tranquillity' or 'contentment' but by cutting down or turning off much of our normal brain activity the drugs fool us into believing we feel better. The initial relief is enormous and it is not until later, often by the time we are addicted, that we realise 'we' are not the person we once were.

OTHER PHYSICAL EFFECTS.

The pharmaceutical references our doctors use lists the other physical effects of Benzodiazepines as 'side effects' but this does not mean they are trivial or that we have any choice about experiencing them. If we use Benzodiazepines daily we will, sooner or later, experience the disabling side effects the drug induces. 'Side effects' include:-

Palpitations, headaches, sleep disturbance, pins and needles, sore muscles and joints, dry mouth and throat, tight chest, nausea, gastric upset, irritable bowels, visual

disturbances, dizziness, tinnitus, tiredness, unwanted change in sexual interest and enjoyment, aching jaw and cheekbones.

MENTAL EFFECTS.

The 'harm' Dr. Jenner likened to "putting a spanner into a wrist watch" is the direct result of the five basic changes to our brains caused by Benzodiazepines. The more common aspects of this 'harm' are also listed in pharmaceutical reference works and they only go when the last of the drug leaves our bodies. They are:-

-Lethargy, exhaustion and fatigue, which is not surprising given that we have to battle a powerful muscle relaxant just to move about. This is why we feel we have no energy and little motivation.

-Unwanted dependence on others is a constant dilemma when we use Benzodiazepines. The five effects sap our self-confidence such that we need but do not particularly want help to do the simplest things. It makes us irritable, resentful and prone to sudden, uncontrolled, aggressive outbursts.

-Sleep disturbance means being unable to sleep because of racing, uncontrolled thoughts, waking too early, anxious and panicking and not getting much rest and comfort from the light sleep we manage.

-Forgetfulness. We can recall events from the past with clarity but not what happened this morning. Even if we do usually remember where we put the keys and what we have just said, we experience enough examples of forgetfulness to make us doubt our memory and persuade us to stay home rather than go out and to not engage with others for fear of embarrassing ourselves.

-Difficulty in thinking. Inability to concentrate and recall recent events makes it very difficult to think systematically. We feel inadequate and unable to cope.

-Agoraphobia: we have or feel we might have panic and anxiety attacks if we go out.

If we fight the urge to stay home we feel frightened and disoriented when we are out and worry we might not find our way home. We can no longer stand to use public transport or shop and wait in a queue at a supermarket.

-Oversensitive; we are easily startled and jump when the 'phone rings

-Depression; we feel low, sad and anxious, more so if we do not know that our problems are drug induced.

-Absence of affect; we feel emotionally numb, unable to experience joy and elation or profound sorrow. We feel cut off from other people; we doubt our own sanity and no longer trust ourselves to deal with emotional life.

All of these deeply distressing experiences follow from the five basic effects of Benzodiazepines. They are not symptoms of a strange new mental illness; they are not avoidable 'side effects'. If we use the drug, sooner or later we will experience all of the adverse consequences. We only start to return to normal when we start to reduce Benzodiazepine medication.

HOW 'REAL' ARE THE FEELINGS?

It is comforting for health professionals to imagine that the effects of Benzodiazepines are 'only' feelings which therapy, clear thinking and perhaps some other drug will magically cure. We admit we cannot control our thought processes properly when using the drug so maybe, doctors will suggest, we are getting things out of proportion? But we are not ill, we have been prescribed Benzodiazepine. If we use Benzodiazepines daily we are seriously drug-disabled and there is nothing fanciful about the way we feel. In New Zealand and most Scandinavian countries our car insurance is automatically invalidated if we are found to have Benzodiazepines in our

bodies when driving. In the UK, insurers providing public liability and other insurance cover for employees can and will contest claims and refuse to compensate employers if the employee making the claim had Benzodiazepines in their bodies at the time of the incident which lead to a claim. Our feelings are real, not imaginary and are widely recognised in the real world of jobs and insurance. The feelings come with the drug and go when the drug goes.

4. HOW TO WITHDRAW FROM BENZODIAZEPINES.

If we suddenly cease taking any Benzodiazepine drug or try to withdraw too rapidly we quickly become dangerously ill. How quickly depends on how long the drug remains potent after taking it. The 'half-life' of a particular Benzodiazepine drug, that is, the time it takes for 50% of its potency to dissipate, is a good indicator of how long a particular Benzodiazepine will have potency but half-life varies from drug to drug. Temazepam is a relatively short acting drug with a half-life of between 7 and 11 hours. Diazepam is long acting with half-life between 1 and 4 days. All Benzodiazepines store in the fatty tissue of our bodies so we can go for some time before the effects of sudden cessation become unbearable, a short time for Temazepam indicated by its short half life, 3 or 4 days for Diazepam because it remains potent for a longer period. But in both cases, if we have stopped using the drug suddenly or cut more than we can bear we MUST seek medical advice immediately.

The safest and most gentle way to withdraw from Benzodiazepines is to reduce by no more than one eighth of our current dose and no more frequently than every two weeks. If I am using 40mg daily of a Benzodiazepine, you can safely advise me to reduce to 35mg now and if I feel ready to make another reduction in two weeks time,

go to 30.625, then to 26.797, minimum of two weeks later.. The calculation is seven eighths of the current dose (multiply by 0.875 on your calculator each time to find exactly how low I can safely go). Not all Benzodiazepines are readily available in such exact quantities so it is necessary to round up (never down) to the nearest quantity available without resorting to chopping tablets up with a knife. Getting the dose right becomes increasingly difficult as withdrawal continues down to relatively small quantities and it eventually becomes necessary to use the drug in liquid form, still taking it by mouth, but using a syringe graduated in millilitres and parts thereof. Not all Benzodiazepines are readily available in liquid form but Diazepam, Nitrazepam and Temazepam are and it is entirely possible to convert from the current drug to any of these three. The one we have had most success with is Diazepam.

There are several reasons:

- i - Diazepam is long acting (see above) so many people find the mood swings associated with short acting Benzodiazepines can be ameliorated by using Diazepam instead
- ii- Because it is long acting it is possible to miss or forget to take the drug without dire consequences so it is safer to use than Temazepam or Nitrazepam and
- iii-Diazepam is readily available in 10 mg, 5 mg and 2 mg tablets, the latter scored so that each half is exactly 1 mg. A liquid oral solution (5 ml = 2 mg) is also readily available as are the graduated syringes to measure the dose exactly.

We advise all who wish to withdraw from any Benzodiazepine drug to convert to Diazepam sooner rather than later so that no further change dictated by drug availability will be necessary. We can give you the exact conversion rate, free of

charge, on our Helpline 0161 283 0521 between 10 am and 4 pm every Monday and Wednesday.

BEFORE MAKING ANY REDUCTIONS WE STRONGLY ADVISE EVERYONE TO CONSULT WITH THEIR PRESCRIBING DOCTOR. DOCTORS MAY HAVE BEEN NAIIVE FIFTY YEARS AGO, AS DR. JENNER READILY ACCEPTS, BUT THEY DO NOT AND NEVER DID ACT MALICIOUSLY. ASK FOR A CONSULTATION AND LISTEN TO WHAT THE DOCTOR ADVISES.

5. WHAT HAPPENS AFTER A REDUCTION?

The effects of reducing the dose vary from person to person and drug to drug. Using Diazepam, most people making a reduction notice very little change at first because it will take between 3 and 4 days on average before blocked sensors in the brain clear and begin to function again. Once they do there is usually a short period, 3 or 4 days on average, during which one or other of the 'side effects' comes to briefly predominate. It can be uncomfortable but tolerable because the 'side effect' is never something the long term user has not experienced before. Life returns to how it was before the reduction in the second week after the cut because the brain swiftly accommodates the newly available capacity and begins to use it. There is nothing to fear in withdrawal and everything to gain.

The process is gradual and the changes are not noticeable at first but the effects can become quite amazing as withdrawal progresses. Sooner or later a reduction enables us to hear the birds singing again, to see how bright and vivid colours in nature really are, to move about without having to fight against the muscle relaxant properties of the drug and, as emotional life returns, to feel joy (and despair) and to dream again.

With the changes, confidence in our own abilities gradually returns and soon it becomes both possible and rewarding to experiment and explore our returning abilities. Quality of life improves long before we take the last drop of medication because along with regaining control over drug use and organising an appropriate diet, it becomes possible to build up a routine of exercise and social contact, to start to find new hobbies and interests and to learn new skills. People who successfully withdraw can do anything they like once drug free because they have had to learn how to organise their lives efficiently and the hundreds we have helped have all gone on to do amazing things with their new lease of life.

6. WHAT TO DO NOW

All that is needed to withdraw is the knowledge of what the drugs have done, an idea of what to expect as life improves with each reduction, the support of the doctor and a self-help group like our own (or one of the many similar services) and the clear understanding that nothing can be more damaging to health and happiness than long term Benzodiazepine addiction.

There really is nothing to lose by reducing and everything to gain but if there are any remaining doubts why not ring us or any similar self-help group and arrange a visit? All are welcome to our group, free of charge, either to simply observe or to join in or ask questions. Please feel free to ring the Helpline for the venue of our next meeting and come along. All meetings are entirely confidential and we particularly welcome those who are bravely coping with Benzodiazepine addiction on their own because they always have lots of ideas and experiences that will benefit others. Self-help is a give and take process for us all conducted in a relaxed atmosphere of good will and among people who know exactly what Benzodiazepine users are talking about.

Please feel free to share the information contained in this document if you believe it can help in some way. If you do, we'd appreciate that you acknowledge us as the source of this information, perhaps by linking back to our site at

<http://thetranquillisergroup.co.uk>

Thank you

Tom, Jenny, Lindsey and Mark.