

By Lisa Marshall
For the Camera

It all started in 1985, with one little pill.

After suffering a panic attack at work, Alison Kellagher – then a competitive cyclist with a thriving career in the sports apparel business - sought help from her family doctor, who promptly wrote her a prescription for Xanax and sent her on her way.

“It absolutely worked. I didn’t have any more panic attacks,” she recalls.

But there was one issue that wasn’t discussed during that brief doctor’s visit. What would happen when she wanted to go off of them? Nine years later, weary of constant memory problems and an emotional flatness that had begun to affect both her work and her personal life, she tried. But she was utterly unprepared for what would follow.

“It was a level of anxiety and sensory sensitivity that I had never experienced before in my life,” she recalls. “I couldn’t function.” So she went back on. By 2002, she could no longer work, and had progressed through a host of increasingly powerful anti-anxiety medications, as well as anti-depressants prescribed by her doctors.

“My life was stalled. I had no idea who I was anymore,” says Kellagher, who – after numerous attempts to quit – finally took her last pill that year.

Four years later, she has earned a master’s degree in counseling, and opened her own Boulder practice, specializing in helping people wean themselves off benzodiazepines (also known as tranquilizers, or anti-anxiety medications). She has also joined a small but growing chorus of activists around the globe who are calling for more responsible prescribing of the potentially addictive medications, and greater support for those wishing to come off of them.

“It is my sense that millions of people are staying on these drugs because they have had some experience with the withdrawal symptoms and they are choosing the lesser of the two evils,” says Kellagher, now 52. “I think that’s very sad.”

First introduced in the 1960s, in the form of the drug Librium, the class of drugs called benzodiazepines were considered a safer, less addictive option than previous anti-anxiety medications, barbiturates. By the 1970s, they become the most commonly prescribed drugs in the world, with Valium casually referred to as “mother’s little helper,” and a host of stronger options in the pipeline. Today, nearly 80 million prescriptions are written annually for benzodiazepines, including Xanax, Ativan, Valium, and Klonopin, to address everything from anxiety to insomnia to grief to premenstrual syndrome.

Over the years, doctors began to realize that patients commonly built up a tolerance to the drugs, prompting them to need higher doses. And in the 80s, they were advised to prescribe them only for short-term use (typically 30 days or less). But recent surveys by researchers from the Maine Benzodiazepine Study Group, a four-year-old group comprised of doctors, researchers, and addiction specialists from the U.S., Canada, and Europe, have found that patients are routinely prescribed the drugs for long-term use, with some having been on them for as long as 20 years. An estimated 4 million people in the United States, and 1 million in the United Kingdom are believed to be chemically dependent on the drugs.

Because the withdrawal symptoms can be so severe, and conventional drug treatment programs do not tend to work to help them through them, many find themselves with no

place to turn, says Dr. Heather Ashton, a clinical psychopharmacologist who ran a benzodiazepine withdrawal clinic in England for 12 years.

“They felt the drugs were doing more harm than good, but no one knew anything about how to help them get off them,” she said, during a phone interview from her home in New Castle, England.

Today, Ashton is lobbying the British government for funding to establish more such clinics there, and working with the Maine group to raise awareness of the problem in the United States. She has also written a free online manual for people wishing to safely taper off the drugs.

Ashton says that in many cases, benzodiazepines will begin to lose their effectiveness after just a few weeks, prompting the body to crave more and leading to a host of withdrawal like symptoms while patients are still taking them. Often, such side-effects lead doctors to prescribe different drugs, or higher doses.

Because benzodiazepines work by altering the receptors in the brain which control the calming neurotransmitter, GABA, once the drugs are discontinued, the brain needs time to re-adjust, she says.

“The receptors for GABA deteriorate, so if you stop suddenly you have none of this natural calming substance.”

While many people can wean themselves off the drugs easily, roughly 50 percent will suffer serious side-effects. When someone who has been on a high dose for a long time quits abruptly, the withdrawal symptoms can be severe including hallucination, convulsions, sensory hypersensitivity, delirium, and possibly death. Often, milder side-effects such as insomnia and anxiety can persist for months or even a year.

“About the worse thing you can do is stop suddenly,” Ashton says.

Both Ashton and Kallagher are careful to make a distinction between benzodiazepine dependency and drug abuse.

Because traditional addiction programs are mostly modeled around drugs that involve craving, and drugs that people use – at least initially – for recreation, their approach often doesn’t work for someone who was prescribed a medication by their doctor and can’t stop taking it, they say.

“There should be dedicated clinics with supportive, trained people where people trying to get off benzodiazepines can have gradual withdrawal along with psychological support,” says Ashton.

For the most part, that hasn’t happened yet. But in recent years a host of online support groups have emerged, including a lively 2,800-member Yahoo support group in the United States (<http://health.groups.yahoo.com/group/benzo/>) and a number of web sites based in Canada, and the United Kingdom.

Kellagher abruptly stopped taking her medication in 2002, and suffered a hellish withdrawal and lingering symptoms that lasted for nearly two years. She stresses that she does not recommend people quit abruptly like she did.

Rather, she advises they slowly taper off the drugs (in cooperation with their medical doctor) and find natural alternatives, such as yoga, exercise, meditation, and counseling to help them manage the problems that got them on them in the first place.

Having been through it herself, she believes she has something unique to offer those seeking help.

“When I say this is going to end and they are going to be OK, they can trust that,” Kellagher says. “It feels really gratifying when I hear the relief in their voice.”
For more information on benzodiazepine addiction, log on to benzo.org.uk or benzohelp.com.