

Short Commentary

The Benzodiazepine Scandal; 60 Years and Counting

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The benzodiazepine group of tranquillisers and sleeping medications were first discovered in the Hoffman La Roche laboratories in New Jersey in the early 1950's. [1]. At a meeting held at the University of Texas Medical Branch in Galveston in November 1959 the drug's properties as a muscle relaxant, anti-convulsants and treatment for anxiety were described in detail; it was approved by the American Food and Drug Administration in February 1960 and the chlordiazepoxide version was launched into the pharmaceutical market in March 1960. Since that time its use, together with that of its many 'me too' variants, including Diazepam (Valium), Nitrazepam (Mogadon), and others, including not least Lorazepam (Ativan), has become globally ubiquitous at all levels of medical practice and as a street drug of abuse.

Among the first to recognise the harms caused by the injudicious prescription and use of this group of drugs was Vernon Coleman, whose book 'The Benzo Story', written in 1988, was denied publication for thirty years as a result of undue pressure being brought to bear on both the author and would be publishers [1]. In the introduction to his long-delayed expose Coleman recounts how, in 1972, he had written an article for the Daily Telegraph Magazine entitled 'Hard Sell in the Surgery', in which he complained about the marketing techniques used to sell this group of drugs as sedatives and tranquillisers. The reported outcome was pressure on the publisher of the British Clinical Journal, of which Coleman was executive editor, to deny him freedom of expression or to sack him.

Coleman's concerns were justified then and have continued to be so in the decades since. The development of a massive global market produced significant financial returns for the manufacturers and was accompanied by rapidly developing dependence among patients. Side effects of this group of drugs included ironically depression, anxiety and sleeplessness. Severe withdrawal symptoms include severe anxiety, panics, agoraphobia, depersonalisation, insomnia, muscle

twitches, numbness, pain, palpitations, sensory distortions and hallucinations, gastrointestinal symptoms and depression; with these symptoms impacting on personal relationships and employment prospects [2]. With an estimated 2.5 - 3.0 million people addicted to benzodiazepines in the 1980's, Coleman reported extensive correspondence from distressed patients struggling to come off their medication only to be told that benzodiazepines were perfectly safe drugs.

Once the downside of what had been marketed as a major advance in the pharmacy of mental distress had become apparent it may have been expected that physicians would have responded with a change in practice, but it was not to be so. Despite the then UK Committee on Safety of Medicines 1988 advice to all doctors advising them to prescribe benzodiazepines for no longer than 2-4 weeks only, (advice repeated by the Chief Medical Officer in 2004), these appear to have been taken only as loose guidelines [2]. By 2010/11 there were 17.5 million prescriptions; a 29% increase in diazepam alone since 1999.

One of those who became passionately concerned about what was essentially an iatrogenic emergency was Professor Heather Ashton, professor of clinical pharmacology at the University of Newcastle upon Tyne Medical School. In a letter to one of the early campaigners and chairman of Oldham Tranx, Barry Haslam, Ashton took aim against a pharmaceutical industry that worked backwards from discovering agents that had neuroleptic impact to promoting the notion that mental disturbances resulted from their imbalance or deficiency, actually inventing illnesses to go with the drugs [3]. Whilst recognising that some of this class of drugs may sometimes have helped people dramatically, and that they have increased understanding of brain function, Ashton asserted that they have to be used judiciously with awareness of their adverse effects.

However the judicious use of benzodiazepines and related drugs appears to have been, and remains, out of the reach of many clinicians. In 2011 Ashton took issue with Clare Gerada, who responded to an investigation on BBC Radio 4 'Face the Facts' finding that prescriptions for benzodiazepines were rising and that there was little help for those who wished to withdraw from them by claiming that benzodiazepines were effective drugs and that she was confident (that) GPs are prescribing safely and effectively. In writing to Iona Heath, the then President of the Royal College of General Practitioners, Heather Ashton expressed the view that "Dr Clare Gerada was blatantly wrong when she claimed that withdrawal effects from long-term benzodiazepine use are overstated". "Withdrawal effects have not been (overstated) and Dr Gerada is guilty of misrepresentation. [4]. What she said in the radio programme was a travesty of the truth and she should withdraw her statement". Heather Ashton's views were based on her observations and experience with over 300 closely supervised patients in her Benzodiazepine Withdrawal Clinic from 1982 to 1994.

Heather Ashton continued to provide personal support to many victims of the benzodiazepine scandal around the world from her retirement until her recent death. Sadly systematic help for those affected is no nearer today than it was in 2011, with the closure of facilities that may help and with emerging stories of cognitive impairment

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among those who have been on the drugs for many years. The latest data is no comfort. In response to questions posed to the Department of Health in September 2023 it has been revealed that in the year 2020/21 the total number of patients prescribed benzodiazepines, including clonazepam, was 1,368,092 and the total number of patients prescribed antidepressants was 8,563,148 [5].

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