



Accidental addicts

ABUSE OF MOOD-ALTERING PRESCRIPTION DRUGS BY MATURE WOMEN CAN OFTEN GO UNTREATED. WHY? TOO MANY ARE ASHAMED TO SEEK HELP OR MISTAKE THEIR ADDICTION FOR ANOTHER AILMENT

WHEN JOAN GADSBY'S four-year-old son, Derek, died of a brain tumour, her family doctor did what a lot of physicians do when faced with patients confounded by intense grief and agonizingly sleepless nights. He prescribed sleeping pills and tranquilizers. Months later, when her marriage fell apart because of the strain caused by her son's death, the psychiatrist she and her husband had been seeing prescribed even more drugs: first Dalmane for sleep, then Librium, a tranquilizer to take during the day. As the first anniversary of Derek's death approached, Gadsby became increasingly distressed and turned once again to her family doctor for help. He prescribed Stelazine, an anti-psychotic. Over the ensuing years, a "pharmacopia" of

new medications was added to the chemical mix when the old ones stopped working: Serax, Restoril, Ativan and Valium, among others.

And so began a 23-year addiction to a dangerous cocktail of mood-altering drugs, the majority known as benzodiazepines, prescribed to reduce anxiety and induce sleep. These drugs act on the central nervous system by slowing brain activity, resulting in a sense of calm and improved rest. However, they are also highly addictive and come with a host of serious side effects, none of which Gadsby, now 69, had ever been warned about.

This excessive long-term pill-popping, often combined with alcohol, unhinged Gadsby, a high-achieving senior marketing executive who was also a city councillor in North Vancouver for many years, and drove her to maniacal behaviours, emotional breakdowns and brushes with the law. She once chased her former husband around the house, brandishing a .44 Magnum, shooting it off into the night. She leapt onto the railing of her raised deck in her backyard, convinced she could fly, and had to be coaxed down by her teenage daughter. She was charged with public mischief after shattering a glass door with her suitcase in an airport because she was refused a boarding pass due to her erratic behaviour. Because of her public profile as a city councillor, the incident made the next day's headlines in the *Vancouver Sun*. "I couldn't understand or explain my erratic behaviour," Gadsby says now. "It was so out of character. I only knew the embarrassment, guilt and remorse I was experiencing were overwhelming."

What Gadsby didn't know is that long-term use of benzodiazepines can result in bizarre and unpredictable behaviour called "paradoxical excitement," marked by hallucinations, rage and aggression. Other significant side effects are over-sedation, memory, balance and learning impairment, depression and emotional blunting. Their use is linked to an increased risk of vehicle accidents, as well as falls and hip fractures.

The drugs can exacerbate the very problems — anxiety, depression and sleeplessness — for which they are prescribed in the first place. And it's common to develop a tolerance so that increasingly higher doses are required to



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avoid withdrawal symptoms — including rebound anxiety and volatile emotions — between doses. Thus, the more out of control Gadsby felt, the more drugs she needed; the more drugs she took, the less effective they were. She was ensnared in a drug-induced prison and saw no way out.

Women are prescribed benzodiazepines twice as often as men and for longer periods of time, despite more than 40 years of research indicating these drugs should be taken for no more than two to four weeks continuously, according to the Centre for Addiction and Mental Health in Toronto. Approximately 10 per cent of Canadians use benzodiazepines at least once a year, and 60 to 65 per cent of users are women.

The U.S. National Center on Addiction and Substance Abuse calls the levels of prescription drug abuse a hidden epidemic among older women. Its report, "Under the Rug: Substance Abuse and the Mature Woman," reveals these women are often ashamed to seek treatment or mistake their addiction for other ailments. The study indicates one in four mature women is using at least one mood-altering prescription drug and half of these women probably are taking it inappropriately.

Gadsby lays much of the blame for prescription addiction on doctors. "Many still erroneously believe that troubled times and crises call for drug treatment, which can cause far more harm than good," she says. But others aren't as quick to point a finger at physicians. "It may be hard for a doctor who has only 15 minutes to consult with a patient, so it becomes easy to say, 'You need some sleep, here's a prescription for Ativan,'" says Andrea Tone, Canada Research Chair in the Social History of Medicine at McGill University in Montreal and author of *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers*, which has garnered high-profile attention in the pages of *O, The Oprah Magazine* and *Newsweek*. "In many cases, doctors are seeing harried and harassed women who are asking for something that will help."

Tone points out that short-term use of these medications can be effective for many patients. "If a woman is so harried because she has five kids, a full-time job and a non-supportive partner, and is too exhausted to get through her

day, I can understand why a doctor would say, 'Let's get you something that gets you through the next little while.' And I would be loathe to say a woman who has just been diagnosed with breast cancer and can't sleep through the night doesn't deserve a sedative to get through the next patch." But Tone has also heard of cases where patients have ripped out magazine pages of drug ads that depict blissed-out women, and presented them to their doctors with the demand: "I want to look like her." As one doctor in her book says, "It takes 30 seconds to write a prescription for Valium, but 30 minutes to explain why a patient shouldn't have it."

There's no doubt that gender-specific campaigns selling serenity are helping drive the popularity of mood-altering drugs to women. Not surprisingly, Gadsby is critical of what she views as the irresponsible, profit-driven motives of pharmaceutical manufacturers to get rich off of women's problems. "Convincing millions of healthy people that they need tranquilizers and sleeping pills to cope with life's daily challenges...is an insidious marketing ploy," she says.

"The ads for Paxil turned not fitting in at a cocktail party into a huge social liability," says Tone, noting that in 2000, the year after Paxil received FDA approval to treat SAD, drug maker GlaxoSmithKline (GSK) spent \$92 million US pushing Paxil as the remedy. Today, SAD is the third most common psychiatric condition in North America, and GSK has been hit with numerous class action suits connecting acts of violence, suicide and serious withdrawal symptoms to the drug.

Tone also notes that ads for these drugs are marketed aggressively to women in the prime of their lives. "They especially target women in their forties who are busy multi-tasking because of their careers, their kids and having to look after their elderly parents — the pitch is that they work for women who already have too much going on and just need a little help to get through the day."

In her book, Tone details how North Americans over the past 50 years have increasingly turned to pharmaceutical solutions for their problems. She traces that history back to the 1955 launch of Miltown, considered the first "mother's little helper;" a prescription tranquilizer that accounted for one-third of all prescriptions in the U.S. just two years after it appeared on the market. "The drug's financial success and cultural impact revolutionized perceptions of anxiety and its treatment," she says. Ironically, prior to its release, the makers of Miltown worried there wouldn't be a market for anxiety relief. The millions of housewives who became its most loyal users certainly proved them wrong. Ever since Miltown, women have been prescribed tranquilizers as a cure-all for their problems,

sometimes with devastating consequences.

Cheryl Ford* is one of those women. In 1973, after the birth of her third child, she broke down crying in her doctor's office, telling him she just couldn't cope with her domestic demands. His response? Prescribing a tranquilizer. "That was his answer to my problems, and it worked like magic — suddenly I could cope," says Ford, now 65, who lives near Halifax. "Whenever I felt anxious I would pop a pill." Over the years, she built up such a tolerance that she sometimes had to take handfuls of pills such as Xanax, Ativan and Halcion for them to be effective. In her early forties, she tried the first of many detox programs to wean herself off the prescriptions that had her walking around in a drug-induced fog. "I was so used to taking them when life got difficult that I just felt like a lost soul when I wasn't on them." She attributes the breakdown of her marriage to drug use. She also once blacked out while driving a car and was charged with careless driving. Her kids often saw her passed out on the couch. "I would take enough drugs

RESOURCES

[benzo.org.uk] This extensive site outlines benzodiazepine addiction, withdrawal and recovery.

[psychmedaware.org] The B.C.-based Psychiatric Medication Awareness Group offers information on psychiatric drug addiction and withdrawal.

[cmha.bc.ca/files/benzodia.pdf] The Canadian Women's Well Being Group has produced a document called "Tranquility Without Tranquilizers," with advice for women about benzodiazepine use and withdrawal.

Although direct-to-consumer advertising (DTCA) of prescription medications is not allowed in Canada, our Food and Drugs Act has given the nod to advertising in the form of "help seeking" ads that don't disclose a drug's brand name but instead target a specific health condition and suggest consumers see their doctor if they have the symptoms. And, of course, Canadians are influenced by DTCA advertising from U.S. media.

This onslaught of ads certainly reinforces the idea that stress, worry, sadness and insomnia are all conditions for which pharmacotherapy is required, despite the fact that these are common reactions to the everyday challenges life presents. "They pathologize and medicalize the normal vagaries of being human," says Tone, who points to the successful marketing of Paxil, an antidepressant (not a benzodiazepine) repositioned as an anti-anxiety agent specifically for treatment of social anxiety disorder (SAD), as an example of how drug makers market cures for conditions people might not have considered debilitating.

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just so that I could sleep — that was my way to escape reality.”

Today, with the help of a physician specializing in addiction, Ford has been able to slowly taper off almost all the drugs. “I’m allowed to take two pills a day but they are just a crutch because they don’t really do anything for me,” she says. “I finally got help because I wasn’t ready to die. I wanted to live. But I lost out on being a better mother to my kids because I wasn’t there for them.” Looking back, she says she wished her doctor had prescribed therapy instead of drugs. “Maybe the drugs were necessary for a short period of time, but what would have helped would have been having somebody to talk to.”

Ironically, when women look to their doctors for help with their problems, the result is often a prescription for benzodiazepines. “Physicians themselves admit that they are more likely to attribute women’s symptoms to ‘over-anxiousness,’ even in the presence of positive test results that indicate a physical disorder,” according to the report “Women, Mental Health, Mental Illness and Addiction in Canada” by the Canadian Women’s Health Network and the Centres of Excellence for Women’s Health.

Not everyone who uses benzodiazepines or sleeping pills will become addicted to them — some people have a higher propensity for dependence than others, says Tone, who also points out that some types of anxiety can be so debilitating that these medications serve a positive purpose. She herself has occasionally taken Ativan, the chemical cousin of Valium, to deal with an acute fear of flying.

Stopping these drugs once a person is addicted can result in severe withdrawal symptoms that can persist for months, even years, the severity of which depends on how long the drug was taken and at how high a dose. These symptoms can include anxiety, depression, insomnia, muscle twitch-

ing, tremors, hallucinations, paranoia and seizures.

A month after an unintentional overdose almost killed her in 1990, Gadsby knew she had to kick her benzodiazepine habit. With the help of a psychiatrist, she tapered off the drugs but began to suffer agonizing withdrawal symptoms. “I sincerely thought I was going to die each and every day. I started to experience an incessant ringing in my ears and a tight band of pressure around my head that was accompanied by a horrible sensation in my brain, as though it was wiggling around inside my skull. I lost clumps of hair, couldn’t swallow and had chronic diarrhea for weeks.” She also lost 25 pounds, slept as little as one hour some nights, and had hallucinations, stifling anxiety and paranoia. She also had three car accidents. But her mental, physical and emotional health improved the longer she was off the drugs.

After her recovery, Gadsby spent 10 years researching the subject of benzodiazepine dependency, writing a book, *Addiction by Prescription*, and producing a television documentary, *Our Pill Epidemic: The Shocking Story of a Society Hooked on Drugs*, which aired in Canada in 2001. Her website, addictionbyprescription.com, also raises awareness about the issue.

It wasn’t until she was drug free that Gadsby could finally shed tears over the death of her son. (When prescribed for bereavement, as in her case, benzodiazepines often delay shock and grief, which may remain unresolved for years.) Tragically, her daughter Deb also died young, at age 37, of breast cancer in 1999. Gadsby, now healed from her years of addiction, was able to be by her daughter’s side right up until the end. “I was there with her to love, support and encourage her during her battle,” she says. And this time, she didn’t use drugs to cope. **M**

*Name changed by request



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