Anything That Ails You

Women on Tranqs in a Self-Serve Society

by B.K. Eakman

As far back as the 1970's, shortly after the feminist movement was launched, it was estimated that as many as 30 million American women were taking tranquilizers. That was almost half of the female population at the time. In 1975 alone, more than 103 million prescriptions for tranquilizers were written.

By the 1980's, prescription levels had spiked again. Women throughout Europe and North America were prescribed about twice as many psychotropic drugs as were men. Many of these drugs were taken long-term. In the case of the "minor tranquilizers" (technically, benzodiazepines such as Librium, Valium, Mogadon, and Ativan), continued use was largely the result of drug dependence.

A May 2001 report by the National Institute on Drug Abuse (NIDA) on prescription-drug abuse and addiction stated that studies indicate that "women were more likely than men to be prescribed an abuse-prone prescription drug, particularly anti-anxiety drugs—in some cases 48 percent more likely."

Overall, men and women have roughly similar rates of non-medical use of prescription drugs. Young women, however, have demonstrated an increased susceptibility over time to the use of medically unnecessary psychotherapeutic drugs. Be it a sedative, an anti-anxiety drug, or an hypnotic, women are almost twice as likely to become addicted.

Studies from 2001 have estimated that two percent of Americans, or about four million people, have used benzodiazepines regularly for five or more years, a figure matched in the United Kingdom and in Europe. Research also shows that, for senior citizens, benzodiazepines are more frequently prescribed to women, which is now suspected to be the cause of increased falls and fractures among that age group.

The drugged-female problem is a free-world phenomenon. In Britain alone, 60 percent of all minor tranquilizers prescribed in 1987 were consumed by women, and some 17 million people were legally prescribed benzodiazepines in 1999.

A *Wall Street Journal* article on February 25, 2004, claimed that one in every four French women is taking a tranquilizer or an antidepressant and that the average Belgian takes seven times as many sedatives as Americans. Because of the low costs of drugs and little oversight, Western European countries are facing epidemic levels of citizens hooked on tranquilizers as well as antidepressants.

According to Julie-Anne Davies' article "Accidental Addicts," published in *The Age* (June 16, 2003), the largest group of users of benzodiazepines in Australia are women over the age of 60, and the most common reason for prescribing them is insomnia. The sleeping pill Temazapan is that country's most-prescribed benzodiazepine, with 2.5 million authorized in 2002.

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In Canada, the over-prescription of benzodiazepines to women was first identified as a critical healthcare issue in the 1970's, yet it is estimated that 3 to 15 percent of the adult population is now using, and may be addicted to, this class of drugs. Of this group, 60 to 65 percent are women.

Today, experts agree that addiction can follow 14 days' regular use at "therapeutic levels" and that there is a 50-percent chance of developing dependency after six months' use. After a year, addiction is deemed highly likely.

The tremendous upsurge in tranquilizing drugs seems to have as much to do with the medical profession's reticence to spend time on patient complaints that are not easily diagnosed as it does on advertising by drug companies to create a market for their wares. Insurance companies, in turn, are at least partially to blame for cutting short the amount of time a doctor spends with his patient.

In the United Kingdom in 2003, half a million people were long-term dependents of benzodiazepines, drugs deemed so addictive that official prescription guidelines were saying they should not be taken for more than 28 days in succession. Data from coroners' reports compiled by Britain's Home Office were showing benzodiazepines as a more frequent contributing factor to cases of unnatural death each year than cocaine, heroin, ecstasy, and all other *illegal* drugs.

Today, antidepressants are replacing tranquilizers as the mood-altering drug of choice, based on the questionable notion that anxious, restless, agitated, irritable, and diagnosis-starved patients are actually suffering from depression. Originally touted as being as "harmless as aspirin," the so-called minor tranquilizers have since been found to be addictive, psychologically and/or physically. Thus the rise of the new "wonder drugs," antidepressants, which supposedly act on serotonin levels in the brain to alter personality and behavior. Compounds that target this chemical are known as selective serotonin reuptake inhibitors (SSRI's).

These "harmless" antidepressants have recently been linked to violent behavior, loss of impulse control, and suicidal thoughts. The young killers at Littleton, Colorado's Columbine High School and Houston mother Andrea Yates' horrific murders of her five children are just two of many shocking news events that have called antidepressant drugs into question.

Prescriptions of benzodiazepines peaked in 1977 in the United Kingdom at 30 million, yet, in 2002, there were still 12.5 million prescriptions. The story in the United States is the same, only the numbers are even greater. Alprazolam, a benzodiazepine originally marketed by Upjohn (now part of Pfizer) as Xanax, was the 11th-most-prescribed drug in America last year, ahead of top SSRI's such as Zoloft and Paxil. While Alprazolam is not on the U.S. top-20 drug list (it is off-patent and,

therefore, cheap), the drug—reckoned by many independent researchers to be among the most addictive in its class—is consumed in massive quantities. Nearly five million people [have], at some point, taken Xanax or a similar anti-anxiety med-[ic]ation, for nonmedicinal reasons according to a 2000 survey conducted by the federal Substance Abuse and Mental Health [S]ervices Administration.

Drs. Peter Breggin, Fred A. Baughman, Jr., John Breeding, Joyce G. and Iver F. Small, Richard Abrams, and Mary Ann Block are just a tiny few among hundreds of prominent medical professionals now speaking out against the trend of prescribing mood-altering drugs. These defectors maintain that doctors are taking "the easy way out" instead of thoroughly diagnosing and addressing the patient's (or parent's) complaint. They further insist that the practice of mixing SSRI's and benzodiazepines is creating epidemic levels of brain-injured individuals, especially children, whose brains are not yet thoroughly "wired."

In his book *Psychiatric Drugs: Hazards to the Brain*, Dr. Breggin, a psychiatrist, points to the fact that anti-anxiety drugs and antidepressants do not actually cure anything or even address anxiety and depression *per se* but act as "brain-*dis*ablers," turning off the emotions by shutting down the brain as much as possible while still allowing the patient minimal functioning capability. In other words, the patient is on autopilot, performing by rote, getting through the day, even reading the newspaper or driving a car. His decisionmaking power and emotional reaction to stimuli, however, are compromised.

Dr. Breggin clarifies: "The most fundamental point to be made about the most frequently used major antidepressants is that they have no specifically antidepressant effect. Like the major tranquilizers to which they are so closely related, [the]y . . . achieve their impact through the disruption of normal [br]ain function."

These drugs can also worsen the original complaints, says Breggin, resulting in "acute agitation, confusion, disorientation, anxiety, and aggression—especially in children, adults with brain disease, and the elderly." Seriously addicted patients, he maintains, "may show no outward signs to their family or physicians until accidentally removed from the medication—for example, following surgery or during a medical emergency. Their withdrawal symptoms may then be wholly misinterpreted as an aspect of some other disorder or as a psychological problem."

There are almost twice as many female psychiatric patients as men, and more than half of these are prescribed psychiatric drugs, which they seem more willing to accept. What effect has this had on women?

One outcome has been a vastly decreased sex drive, which frequently becomes permanent even after the drug, or drug cocktail, is stopped. Some 90 percent of women report a lowered libido in as little as eight weeks of starting a course of therapy involving antidepressants such as Prozac, especially in combination with one of the minor tranquilizers. Other side-effects include cessation of menstruation, breast pain, fibrocystic leukorrhea (white or yellow discharge from the vagina), early-onset menopause, menorrhagia (excessive menstrual bleeding), ovarian disorders, spontaneous abortion (sudden loss of a pregnancy), and dyspareunia (painful intercourse).

The news gets worse. An article first published in the *Arizona Republic* was picked up by the *Washington Times* on April 30, 2004, describing a relatively new and growing trend of self-mutilation among teenagers. A Chicago-based self-injury treatment program, Self-Abuse Finally Ends, reports a steady increase in the number of teenagers, mostly girls, who burn, cut, hack and bruise themselves—to *relieve tension*. Co-founder Karen Conterio says another spike occurred during the 2004 school year. Researchers say that the reasons for this vary, including abuse by others, but most self-mutilators "suffer from an underlying psychiatric disorder, such as depression."

Consequently, school personnel nationwide are increasingly pressured to refer girls to psychotherapists, who will give the youngsters antidepressants and tranquilizers. Indeed, it seems that many of the girls had already seen a psychotherapist and either had been, or were taking, psychiatric drugs. Which brings up the old chicken-and-egg question: Did the self-abuse come before or after the drug regimen? And what exactly is so profoundly depressing girls in free societies?

Dr. Armand Nicholi, Jr., a professor at Harvard Medical School of Psychiatry, sees two things: First, the attempt to substitute surrogate mother figures for children via daycare and other arrangements compromises the stability of the child. Then comes the early sexualizing of adolescents that "has led to empty relationships, feelings of self-contempt and worthlessness, an epidemic of venereal disease . . . and a profound sense of loneliness." The latter affects girls more than boys and sets them up for obsessive fear of abandonment in adulthood.

Young or old, women who take tranquilizers and antidepressants are at greater risk than men. So why do adult women willingly take these risks? One answer appears to lie in the obsessions of a sex-and-youth culture that is also beset by feminism. The notion that they can—and, indeed, should—"have it all" has resulted in women feeling defeated, whether they are married with children, "in relationships," or pursuing college and careers. The numerous changes in society, including sexual "freedom," have negatively affected women, contrary to advertisements portraying carefree women using "easy" birth-control patches. In post-1950's America, the cleaning, groceries, and pharmaceuticals are not delivered. The milkman does not leave milk, eggs, and butter. There is no actual human being on the other end of the line when you telephone about a problem. Grocery stores are football-field-sized minimalls. Men put on their socks in the morning and forget about it; women can ruin three pair of pantyhose before lunch.

Much of what passes for depression in women may, in fact, be exhaustion. Except that they can't sleep. They fret over their weight and hair, agonize over every wrinkle, and purchase armloads of beauty products to look as seductive as possible. Then, before turning in, they write up grocery lists, check on the kids' homework, reprogram their cell phones, and iron a blouse—things they cannot do at work. After all that, a woman is wide awake—and not feeling sexy. So she takes one of those "minor tranquilizers."

Research shows that we do not necessarily need to sleep, but we do need to dream. Most psychiatric drugs, including those promoted as sleeping medications, inhibit the critical dream phase of sleep, inducing a state that *looks* like sleep but is merely dreamless and unconscious. Sleep, therefore, is actually impaired or stopped by most psychiatric drugs.

Ironically, many women *want* to perform certain functions, like grocery shopping and caring for children. This was not anticipated when the feminist movement began, and now that females make up half (or more) of the workforce, the results are in: Women on tranqs are overwhelmed by the enormity of their tasks.