

# THE BENZO BOOK



*getting safely off tranquilizers*  
Jack Hobson-Dupont

# THE BENZO BOOK



by Jack Hobson-Dupont

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## *Contents*

CHAPTER ONE: In Tolerance . . . . .	I
CHAPTER TWO: Xanax . . . . .	8
CHAPTER THREE: The Ashton Method . . . . .	12
CHAPTER FOUR: Ray Nimmo's <i>benzo.org.uk</i> . . . . .	16
CHAPTER FIVE: My First Idea . . . . .	21
CHAPTER SIX: Contradictory Beliefs . . . . .	24
CHAPTER SEVEN: Down-Regulation . . . . .	34
CHAPTER EIGHT: Drugs and the FDA . . . . .	49
CHAPTER NINE: Withdrawal Symptoms . . . . .	71
CHAPTER TEN: Supplements . . . . .	85
CHAPTER ELEVEN: The Emotions of Survival . . . . .	92
CHAPTER TWELVE: " <i>Don't take it personally.</i> " . . . . .	97
CHAPTER THIRTEEN: Persistent Depression . . . . .	105
CHAPTER FOURTEEN: The Chemical Imbalance Theory . . . . .	108

CHAPTER FIFTEEN: Market-Driven Medicine . . . . .	118
CHAPTER SIXTEEN: Haywire . . . . .	125
CHAPTER SEVENTEEN: Thinking and Feeling . . . . .	132
CHAPTER EIGHTEEN: Therapy During Recovery . . . . .	137
CHAPTER NINETEEN: Compassion Burnout . . . . .	143
CHAPTER TWENTY: The Lower Doses . . . . .	148
CHAPTER TWENTY-ONE: Fear . . . . .	155
CHAPTER TWENTY-TWO: The Last Dose . . . . .	163
CHAPTER TWENTY-THREE: <i>“Ask your doctor.”</i> . . . . .	170
CHAPTER TWENTY-FOUR: Addiction <i>vs.</i> Dependence . . . . .	186
CHAPTER TWENTY-FIVE: Getting Safely Off Benzos . . . . .	198
CHAPTER TWENTY-SIX: Post-Benzo . . . . .	206

APPENDICES

INDEX

## Chapter One

### In Tolerance

Perhaps because of decreased atmospheric pressure of the air, there is a quality to the light right before a hurricane comes that is exceptional. I came down from clouds suffused in that preternatural light and landed at Norman Manley International Airport in Kingston, Jamaica. I went straight to my hotel, arriving just as the first bands of gray, rain-laden clouds began to appear. I remember feeling a perverse thrill at the thought that I had knowingly gone to a place even as a hurricane bore down upon it. But the trip was important. My brother and I had a small company together and had, with considerable difficulty, negotiated a deal to sell high quality waste removal trucks to the Jamaican government. On the strength of this first deal, we then hoped to provide the country with a state-of-the-art composting system for solid waste

management. While not a very glamorous adventure, I was rewarded by the thought that a modernized facility for processing garbage would cut down on the associated disease vectors, and that because of my efforts, people would lead healthier lives.

The deal was essentially done but there was one final piece to be concluded and that was why I was in Jamaica. I had to meet with an attorney associated with a certain engineering company whose owner was a powerful force in the local political environment. As such, my job was to wait at my hotel until the attorney called to arrange a meeting.

Perched high in a luxury hotel I watched, fascinated, as the hurricane struck. The shrieking wind, the rain rattling against the windows, lights flickering as the electrical power fluctuated, I found it all exciting. Compared with the hurricanes that would, years later, devastate much of the Gulf Coast of the United States this storm was quite a minor affair but its raw power and beauty were thrilling to behold. The hurricane passed over the island and in the days that followed its schedules were understandably in disarray. There was nothing for me to do but to wait for the phone call from the attorney.

I would awaken in the morning, shower, and lay out my business suit on the bed so it would be ready for me to put on at a moment's notice. Then I would sit around half-dressed in the moist, tropical air reading books I had brought, playing my electric guitar through headphones. I am usually very content to have the luxury of spending time by myself but during those days of waiting to meet the attorney I noticed that I began to feel... peculiar. It was a vague sort of sensation, slightly fluttery and disoriented. I felt compelled to rest, though I was certainly not tired. Something was definitely wrong with me, but it didn't seem like I was sick in any way. The days began to melt into one another, and sleep became strange.

One day as I tried to puzzle out what I was experiencing I had an intuition that I needed chocolate, of all things. I got dressed, went down to the shop in the lobby and bought a chocolate bar. I brought it back to my hotel room, then proceeded to break off careful pieces and eat them. After three small pieces, I felt the tiniest amount more like myself again. I set the chocolate bar aside and would, over the next three days, take pieces of it as though medicinally.

I never did meet the attorney. Rather, I met with his sister, herself a powerful lawyer. As she wouldn't tell me anything directly, I learned from an associate that the deal had fallen through at the last minute. A political intrigue amongst the players had caused a rift between self-interested factions. I flew back to the States. Later I learned that the government had bought inferior trucks, and even later, I heard that the trucks were rusting in the municipal yards.

After my return from Jamaica the 'peculiar' feeling engulfed any ability to forestall it with pieces of chocolate. Over the next month my condition deteriorated. A profound fatigue overcame me, fatigue so great it seemed impossible to raise my arms at times. I was constantly exhausted yet at the same time unable to sleep. I felt so nervous that I was unable to tolerate any stimulation at all. I couldn't listen to music, couldn't watch television. The only comfort I seemed to have was reading stilted mystery novels from the 1930's right before going to bed.

A brutally cold winter settled in and I got even worse. The cottage I live in was heated only by a wood stove and under normal conditions, that's enough for me. I would find it bracing to awaken to a cold house, then have to cut kindling and light the fire. I was now so weak, however, that even to move at all was daunting. It seemed like torture to light that fire in the fireplace. Moreover, the cord of wood I had bought that autumn must have been improperly seasoned because it wouldn't

stay lit without constant poking. By the end of the next month, I was reduced to a state in which I simply sat on a futon on the floor, day and night, stoking my fire and trying to survive.

I would curl up on the futon to attempt sleep, but sleep was sporadic at best. My mental state deteriorated. I became unable to tolerate stimulation. The ringing of the telephone was like someone banging a cooking pot next to my ear, my nerves jumping at the impact of the sound. I turned off the telephone ringer to spare myself from it. I wore a sweat suit, day in, day out, and simply continued to sit on the futon. The most difficult thing in my life became the shower. As each day passed I would become increasingly grimy, and feel desperately the need for a shower. It was hard to drag myself into the bathroom and turn on the taps. And then, to take off my sweat suit in the chilly air and stand in the stream of water was far, far too stimulating an experience for me to endure. Many times I would make it as far as starting the shower, only to fail to rouse the energy necessary to disrobe and get into the tub. I'd turn off the taps and retreat to my futon on the floor, hoping for more success the following day. A week, two weeks, sometimes three weeks would pass before I could summon the strength, both physically and mentally, to take that shower, and when I did, the sensation of standing in the jet of water, being alternately cool on one side of my body and the other, was excruciating, almost unbearable. Toweling off after the shower was itself a challenge. I could barely handle the sensory stimulation, and would tug my sweatsuit back on gratefully, then collapse on my futon under a blanket.

*What on earth was wrong with me?*

During the previous summer, I had contracted babesiosis from a tick bite. A course of treatment had rid me of the parasites, but I had never seemed to recover. In my most capable moments, I would seat

myself before my computer and search the Internet for clues to what was happening to me. My symptoms seemed to be those of acute Chronic Fatigue Syndrome, and I found that there is a variation of that condition known as Post Viral Fatigue Syndrome. Like Chronic Fatigue Syndrome, however, this was not a condition whose diagnosis could be arrived at scientifically. In other words, there were no medical tests I could undergo whose results would indicate the presence of a virus, or the absence of anything necessary for health. It was once thought that Epstein-Barr Virus (EBV) caused Chronic Fatigue Syndrome, but that idea had been discredited. Many people who have never had a related sickness show antibodies against Epstein-Barr Virus in blood tests, indicating they had at some time been exposed to EBV. At most it can be said that Epstein-Barr is 'associated' with Chronic Fatigue Syndrome and mononucleosis, but not that it causes those conditions.

So, I labored under the idea that I had a fatigue syndrome as a result of my having had babesiosis and I despaired of ever getting much better. After a number of months, a thought struck me. I began to wonder if my condition weren't somehow psychosomatic. After all, aside from the physical disability, I was most definitely mentally impaired as well. My thinking was foggy, unclear, and my emotional state was dismal. I had formerly taken an antidepressant, having weaned myself off of it in the previous year. What if my condition were nothing more than some form of depression? What if my body had grown dependent upon the antidepressant and was malfunctioning now because I no longer took it?

As an experiment, I decided to take a small amount of the SSRI-type antidepressant I had been on, Effexor. I broke one of the 'jagged little pills' and took half of it, an amount that was twenty-five per cent of my previously prescribed dose. All hell broke loose. When

that small amount of Effexor hit my central nervous system, a grinding sensation ran through my entire body. My thoughts raced out of control. Whenever I closed my eyes, I was plunged into a roiling mental chaos, like viewing three dreams at once while listening to a dozen radio stations at the same time. It would disappear instantly when my eyes opened, return when I again closed them. I began to tremble uncontrollably, at times violently. An unspeakable horror filled me and didn't let up. Lying on my futon in a state of utter agony, both physical and mental, I would look up at the clock and see that only five minutes had passed since the last time I looked, although it had seemed interminable. Hour after hour, day after day, passed at the slow cadence of five-minute segments of abject horror. I lost twelve pounds in eight days.

I lost my mind. To be more accurate, I lost the access to a large part of my mind. I could think analytically, but, oddly, that was about all. I lost the ability to think creatively or to have ideas. And bizarrely, I could think of absolutely nothing other than myself and the condition I was in. Even after the effect of taking the drug wore off, I was still unable to think of anything other than 'me.' I was unable to consider my son, my wife, my brother or my many friends. By this I mean *every* thought was about myself. If someone were speaking to me about something they felt or experienced, I could only relate it to myself and my own experience. I was pathologically self-centered to the absolute exclusion of everything else.

After a little more than a week I had improved, but only to the extent that the more dramatic effects had diminished somewhat. The only relief I had was for a few minutes at night, when I would read before closing my eyes to go to sleep. It suddenly struck me that, by long habit, I would take my Xanax tablets before going to bed. Perhaps the calming effect wasn't from reading, but from the Xanax? I

thought, “I doubt that those little white pills can have much of an effect on me, but I’d better be thorough and see if there’s anything in the medical literature about Xanax.”

I had been prescribed Effexor almost ten years previously at the time when Prozac and other Selective Serotonin Reuptake Inhibitor (SSRI) type antidepressants were commonly, almost routinely, being offered. I found it to be wonderful. After five days of being on Effexor, I bounded out of bed with the energy and optimism of an eighteen year-old, and every day thereafter was a similarly enthusiastic experience. The only problems with it were that I was slightly nauseous for a few hours after taking it and I felt strangely and uncomfortably stimulated by it. When I told these symptoms to my doctor, he prescribed Xanax to counter the ‘agitation’ I had reported. I began taking the Effexor right before going to sleep so that the nausea would occur while I was asleep, and I took the Xanax at the same time. The problems went away, and I got on with my life with the vigor the antidepressant gave me.

I had been a little concerned when my doctor suggested the Xanax because I knew it was a tranquilizer and I was worried that it might be addictive. I had had substance abuse problems decades earlier in my twenties, and therefore, felt myself to be at risk. My doctor assured me that it was ‘safe’ so, I never gave it another thought. While taking these drugs year after year, I surmised that I must certainly have developed, not an addiction, but a mild physical dependency upon the Xanax. I continued taking Xanax even after I had stopped taking Effexor because of that presumed dependency and had figured that, when I could take the time off from my business, I would need to check into a detox clinic to have my Xanax problem ‘taken care of’ professionally.

## Chapter Two

### Xanax

Now I wondered how the Xanax might be affecting me, so I googled 'Xanax' on the Internet. Among countless offers for buying Xanax without a prescription online, there were a number of sites offering authoritative medical information, describing the uses of *alprazolam* (the generic name of Xanax) and its dosage, side effects, interactions with other drugs, and other such things. A thorough reading indicated nothing that seemed to imply that there was anything problematic about the drug, nor anything to suggest that it might be involved in my deplorable physical and mental condition.

Further down in the Internet search results, however, I found references to bulletin board type websites where individuals could share their own experiences. Suddenly, I was immersed in descriptions of

the same sort of horrors I had been going through. To every cry for help the response was the same: the drug was the cause of the problem. "That's impossible!" I thought. But I read on.

Those who had gone through withdrawal from Xanax and other drugs of the same family and eager to help others urged people to read the work of Professor C. Heather Ashton, a British psychopharmacologist and the leading expert in the world on the subject of tranquilizers. Links were provided to a book she had written, *The Ashton Manual*, which was available online. I followed one such link.

I read *The Ashton Manual* and was appalled. There it was, the explanation of what was happening to me. Evidently, my years of Xanax use had led to a chemical dependency on the drug. Since I had not steadily kept increasing my dosage of it, I had been experiencing what is known as *interdose withdrawals*. Xanax is a fast-acting drug with a short 'half-life', *i.e.*, the amount of time it takes for half the metabolites of the drug to leave the system. By not ramping up the dosage to match the tolerance my body had developed for Xanax, I was apparently going into withdrawal every day as the dose taken the previous night wore off.

The actual title of what is commonly referred to as *The Ashton Manual* is *Benzodiazepines: How They Work and How To Withdraw*. I learned that Xanax is one of a class of drugs called *benzodiazepines* which share a common chemical basis. I was a bit stunned to realize that so many drugs, which are presented as being quite different from one another, are based upon the same chemical compound. Thus it is that a sleeping pill such as Restoril or Dalmane is chemically related to tranquilizers like Xanax or Halcion, and even to a substance such as Rohypnol, which is described in news articles as 'the date rape drug.' Even more shocking to me was the realization that these drugs had been derived from the same underlying chemistry as Valium.

I was very much a child of ‘The Counter Culture’ of the late 1960’s and early 1970’s. I had been a musician during this time, and recreational use of drugs was common among my peers, both organic drugs such as marijuana, as well as pharmaceutical drugs, *i.e.*, codeine, tranquilizers, sleeping pills and the like. During those years, I had abused such pharmaceutical drugs and I had, on many occasions, regrettably, popped Valium tablets as part of an evening’s entertainment. As my twenties—and the chapter in my life where I used drugs—were drawing to a close, I recall hearing from my peers warnings about the use of Valium to ‘get high.’ Valium, it was being reported, was apparently highly addictive, far more difficult to get off of than heroin. And unlike heroin, Valium users who attempted to quit ‘cold turkey’ faced the possibility of going into convulsions and dying. After hearing such rumors, I steered clear of Valium, refusing it when it was offered to me.

Just after I had emerged from this phase of drug abuse, I saw a movie starring Jill Clayburgh called, *I’m Dancing As Fast As I Can*, from the book of the same name by Barbara Gordon. It was a terrifying look into the life of a professional woman who struggled to overcome an addiction to Valium. Watching that frightening movie, I remember being grateful that I had been spared such an ordeal. Around the time of that movie, there was recognition that vast numbers of people in the United States, Canada and the United Kingdom, mostly women, were addicted to Valium, and efforts were being made to wean these people off the drug.

So, imagine my shock at reading *The Ashton Manual* and learning that the Xanax I had been prescribed over a period of almost a decade was essentially the same drug as Valium. And there was worse news. Professor Ashton had developed an equivalency table to compare the relative potency of the various benzodiazepine drugs. From it I learned that the Xanax I had been taking was *twenty times stronger*

*than Valium!* In other words, one milligram of Xanax was the equivalent of taking *twenty milligrams of Valium*.

I felt absolutely betrayed. When my doctor suggested that I take Xanax to combat the agitation that accompanied my antidepressant use, I had specifically asked if it were dangerous. Since I had a history of drug use decades earlier, I was especially careful to avoid anything that would put me at risk for addiction. My doctor assured me that Xanax was ‘safe and effective.’ If I had had the slightest idea that Xanax was based upon the same chemical compound as Valium, but twenty times more potent, I would certainly never have taken it. I would either have learned to tolerate the agitation I was experiencing with Effexor, or gone off the Effexor altogether.

A basic tenet of ethical medical practice is that of ‘informed consent.’ A doctor presents a patient with the facts concerning a treatment or procedure, spelling out the various dangers as well as the possible benefits, and the patient then makes medical decisions based upon that information. Not to disclose the full risks of substances such as benzodiazepine drugs promotes not merely uninformed consent but *mis*-informed consent by patients. As a result of misinformation, I now found myself in the worst possible medical trouble, severely physically and mentally compromised; and a long way from being well.

*Index*

- Acetylcholine, 83
- Addiction, 7, 11, 14, 28, 35–37, 41, 80, 98, 100, 119, 121, 144, 167, 169, 189, 193–197, 202, 208
- Adler, Meir, 69
- Adrenaline, 45, 96
- Adverse Psychiatric Reactions Information Link, 27
- Adverse reaction reports, 55–56, 58
- Agoraphobia, 19, 78–79, 127, 175, 193
- Alcohol, 17, 38, 51, 80, 82, 84, 89, 175–176, 190, 199, 206
- Alcoholics Anonymous, 199
- Alexander, Dr. Bruce, 172
- Alliance for Human Research Protection, 113
- Alprazolam (Xanax), 6–14, 16, 18, 21, 23–24, 29, 33–35, 37, 44–45, 47, 52, 72–73, 98–99, 113, 125, 128, 140–141, 145, 173–178, 180, 189, 191, 196
- American Academy of Family Physicians, 40, 189
- Amnesia, 56, 58, 72
- Anger, 14, 94
- Anhedonia, 84, 130–131, 142, 168
- Annual Death Rate, 69
- Anorgasmia, 128
- Antibiotics, 33, 50, 67, 180, 182–185
- Antidepressant, 5, 7, 11, 106, 109, 111–112, 114–115, 119, 159, 174–175
- Antipsychotic Drugs, 107, 123
- Antiviral Drugs Advisory Committee, 63
- Anxiety, 19, 26–27, 29–30, 40–41, 45–46, 51, 56, 75, 77–79, 82–84, 87–89, 90, 92–96, 98, 101, 103, 104, 159–161, 172, 178–179, 181, 184, 186–191, 193–194, 196, 206
- Argentina, 59
- Ashton, Prof. C. Heather, 9–10, 12–14, 39–40, 90–91, 100, 136, 139, 152–153, 179, 184, 200–202, 206–208
- Autonomic Nervous System, 80

B Vitamins, 89  
Babesiosis, 4–5, 180  
Barbiturates, 40, 82  
Barnes, Dr. Connie L., 182  
Benzheptoxdiazine, 50  
*benzo.org.uk*, 16, 18,–19, 35–36, 76, 79, 99, 127, 133, 140, 146, 152, 164, 167, 180,  
200–202  
*benzobuddies.org*, 201  
Benzodiazepine, 9–16, 18–20, 25–31, 33–42, 44, 49, 50–52, 54, 56, 71–78, 80, 82–91,  
94, 95, 96, 97, 101, 102, 103–104, 107, 113, 115, 124–128, 130–131, 133, 136–137,  
139–141, 144–148, 150–151, 153–154, 157, 163–165, 167–181, 184–204, 206–208  
*Benzodiazepines: How They Work And How To Withdraw*, 9–10, 13, 167, 179, 202–  
203, 207  
*benzoisland.org*, 201  
Biagini, Marco Biagini, 182  
Biodefense and Pandemic Vaccine and Drug Development Act of 2005, 60  
Biomedical Advanced Research and Development Agency, 60  
Brackbill, Dr. Marcia L., 182  
Brazil, 59  
Breggin, Dr. Peter R., 113  
*British National Formulary*, 26, 30  
Bupropion, 111  
Burroughs, Dr. Richard, 62

Controlled Substances, 51, 181  
Calcium, 88  
Cauchon, Dennis, 65  
Center for Drug Evaluation and Research, 55  
Center for Responsible Politics, 61  
Central Nervous System, 6, 80, 83, 101, 104, 107, 115, 139, 166, 180–181, 184, 204,  
207  
Chemical Imbalance, 106, 108–109, 111–113, 114  
Chronic Fatigue Syndrome, 5, 127, 168  
Ciprofloxacin, 181  
Citizens for Better Medicare, 59  
Clinical Trial, 53, 55, 57, 113  
Clonazepam (Klonopin), 52, 174–175, 178, 187, 189, 191, 193–194, 202  
Cocaine, 38, 98  
Cog Fog, 131–132, 201  
Cognitive Behavior Therapy, 45  
Cold Turkey, 10, 36, 199

- Colombia, 69  
 Committee on The Review of Medicines, 27  
 Compassion Burnout, 144, 146  
 Conservative Mode, 129–130  
 Cooperstock, Dr. Ruth, 51  
 Cranial Electrotherapy Stimulation, 159–163  
 Cullen, Alicia, 181
- Dalmane, 9, 51, 56, 58, 178  
 Dean, Dr. Carolyn, 68  
 Denmark, 59  
 Dependency, 7, 9, 35–36, 41, 69, 124, 177, 187, 190, 192, 194–195, 197, 199  
 Depersonalization, 29, 133, 140  
 Depression, 5, 19, 58, 78–79, 87–88, 101–102, 104, 105–109, 111–113, 115, 118, 142, 156–161, 164, 179–180, 187, 206  
 Derealization, 133, 140  
 Detoxification, 7, 36, 172, 174–176, 199, 200  
 Diabetes, 110, 124  
 Diazepam (Valium), 9–19, 21, 23, 34–35, 37, 45, 50–52, 71–72, 75, 88, 90, 92, 98–99, 113, 125, 127–128, 145, 148–149, 152, 164–167, 175–176, 191, 196, 201–205, 207  
 Discontinuation, 13, 40–41, 44, 77–79, 83–85, 87–89, 90, 95, 100, 102, 107, 124, 126, 131, 136–137, 139, 143, 144–145, 148, 151, 153, 159, 172–174, 189, 191–192, 198–201, 204, 206  
 Dosage, 8, 9, 12, 13, 29, 34, 35, 36, 37, 52, 71, 72, 74, 75, 87, 91, 98, 99, 108, 114, 125, 149, 152, 153, 154, 164, 165, 166, 189, 190, 191, 194, 195, 196, 204, 205  
 Down-regulation, 39, 40, 41, 74, 83, 84, 100, 128, 130, 142, 145, 157, 163, 167, 174, 176, 185, 193  
 Dreams, 44, 45, 208  
 Drug Addiction, 163, 195  
 Dysphoria, 84, 103, 142, 173
- Edronax, 111  
 Elashoff, Dr. Michael, PhD, 62  
 Eli Lilly & Company, 113, 115  
 Emotional Blunting, 136–137, 139, 150, 179  
 Epstein-Barr Virus, 5  
 Equivalency Table, 10  
 Excitatory State, 40, 80, 89–90, 94, 142, 184
- Fasciculations, 76–78, 83, 166  
 Fatigue, 3, 5, 44–46, 58, 74, 115, 126, 134, 144, 160–161, 168, 180, 207

Fear, 18–19, 45, 93–95, 103, 155–156, 158, 164, 171  
Feldman, Dr. Martin, 68  
Fetto, John, 116  
Fight/Xight Response, 94  
Flunitzepam (Rohypnol), 72  
Fluoroquinolone Antibiotics, 180–185  
Fortune 500, 59  
France, 55  
Freedom of Information Act, 54, 60  
Frist, Senator Bill, 62  
Fuerst, Dr. Samuel, 53

GABA, 38–42, 74, 77, 80–91, 94–95, 99, 103, 106, 128, 130, 139–142, 146, 149, 151,  
154, 157, 163–164, 167, 170, 174, 176–177, 184–185, 193, 207  
Gabapentin (Neurontin), 87, 124, 187  
Games, 133–136  
Gatifloxacin, 181  
Generalized Anxiety Disorder, 172, 187, 190, 192–193  
Glaxo Wellcome Pharmaceuticals, 63  
GlaxoSmithKline, 63, 114  
Glenmullen, Dr. Joseph, 110  
Grenard, Steve, 44

*H. Pylori*, 32  
Half-Life, 9, 12, 16, 34, 72, 152  
Hamilton, Dr. John D., 63  
Harrell, Richard M., 182  
*healthyplace.com*, 190  
Healy, Dr. David, 197  
Heroin, 10, 38, 98  
Holland, 52–53, 55

Iatrogenic Addiction, 121  
Informed Consent, 11, 70, 116, 124, 171  
Insomnia, 26–28, 40–42, 54, 58, 77–79, 82–84, 107, 123–124, 126, 128, 159–161, 175,  
178, 181, 184, 189, 196, 206  
Institute of Medicine, 57–58  
Interdose Withdrawal, 9, 34, 128  
Ireland, 114  
Irish Medicines Board, 114

Johns Hopkins School of Hygiene and Public Health, 68  
Johnson & Johnson Pharmaceuticals, 184  
Johnson, Dr. Brian, 28, 40

Kennedy, Sen. Edward, 51  
Kilkenny, Thomas M., 44  
Koranyi, Dr. Erwin, 110  
Kravitz, Dr. Richard L., 109

Lacasse, Jeffrey R., 111–112  
Leo, Jonathan, 111  
Lethargy, 46, 78–79, 178  
Levaquin, 180–181, 184  
Levitra, 115  
Levofloxacin, 181–182  
Libido, 79–80, 115, 127–128, 130–131, 156, 174  
Librium, 49–50, 52, 191  
Ligand-gated Neurons, 81  
Light Therapy, 158  
Liquid Dilution Method, 164, 167  
Longo, Dr. Lance P., 28, 40  
Lorazepam (Ativan), 52, 113, 175–176, 180, 191, 193  
Lund, Dr. Brian C., 172  
Lust, 93, 95, 130

Magnesium, 87, 88  
Malaguti, Moreno, 182  
Marshall, Dr. Barry, 32  
Memory, 58, 72–74, 78, 79, 133–134, 179  
Menzies, Karen Barth, 112  
Merck Pharmaceuticals, 61  
Methylamine, 50  
Miltown, 49–50  
Muscle Spasms, 58, 78, 82, 83

Narcotics Anonymous, 199  
National Panic and Anxiety Disorder News, 188  
Neural Pathways, 80  
Neural Receptors, 38, 71, 85, 139  
Neurotransmitters, 80–81, 94, 106, 110, 128  
Niacin, 86, 88

Niacinamide, 86, 88  
Nicotine, 38  
Nimmo, Ray, 16, 18–19, 76, 79, 146–147, 200, 208  
Norepinephrine, 106, 111  
Norway, 59  
Null, Gary, PhD, 68  
Nutriceuticals, 87

Omniflox, 181  
Opiates, 80, 82, 199  
Ofloxacin, 181

Panic, 78, 103, 156, 178, 188, 190–191, 193  
Parasympathetic Nervous System, 83, 84  
Passionflower, 88  
Pattison, Neal, 59  
Perry, Dr. Paul, 172  
Pharmaceutical Companies, 48, 59–62, 64–67, 86, 109, 112, 116–118, 120, 122, 124,  
163  
Picamilon, 86, 88  
Pregabalin (Lyrica), 87  
Productive Mode, 129  
Project Bioshield Act of 2003, 60  
PROTOCOL 321, 53–54  
PROTOCOL 6415, 53  
Protracted Withdrawal Syndrome, 90, 207  
Provigil, 115  
Prozac, 7, 98, 108–110, 113, 115, 118  
Psychopharmacological Drugs Advisory Committee, 56  
Psychotropic Drugs, 13  
Public Citizen, 59  
Pfizer Pharmaceuticals, 87

Quigley, Paul A., 25

Rage, 79, 93–95  
Rasio, Dr. Debora, 68  
Rebound, 44, 83–84, 137, 172, 188–189, 191  
Reboxetine, 111  
Relenza, 63–64, 67  
REM Sleep, 44

- Restless Leg Syndrome, 75, 166  
 Restoril, 9, 51, 56, 58, 178  
 Risk:Benefit Ratio, 123  
 RO 5-0690, 50  
 Roche Pharmaceuticals, 49, 50, 173  
 Rohypnol, 9, 72
- Sam-E, 88  
 Seizure, 199  
 Selective Serotonin Reuptake Inhibitor, 5, 7, 107, 111–114, 118–119, 136–137, 157–158, 175  
 Self-Talk, 96, 141  
 Serotonin, 84, 106, 110–111, 113, 157–158  
 Sex Drive, 128  
 Sexual Dysfunction, 128, 137  
 Shaw, Dr. Robert, 53  
 Side Effects, 8, 28, 50, 53, 55–56, 58, 69, 87, 98, 114, 122, 158–162, 174, 177, 178, 180–181, 183–184, 190, 193  
 Sleep, 2–4, 6–7, 15, 42–44, 56, 58, 74, 80, 83, 88, 93, 106, 115, 125–126, 128, 157, 163, 168, 175, 178  
 Smith, Dr. Dorothy, PhD, 68  
 Social Anxiety Disorder, 109, 178, 193  
 Social Phobia, 187, 192  
*socialanxiety.factsforhealth.org*, 187, 192  
*socialfear.com*, 187, 191  
 Soviet Union, 159  
 Sternbach, Dr. Leo, 49–50  
 Substance Abuse, 7, 175, 189, 191–192, 193–196, 199–200  
 Suicidal Ideation, 19, 79–80, 141, 156, 158, 164
- Tapering, 13, 18, 27, 71, 73, 88, 90, 98, 115, 127–128, 145, 151–154, 164, 167, 168, 188–189, 192, 196, 198, 200, 202–207  
 Tapering Schedule, 13, 152, 153, 202, 204  
 Tardive Dyskinesia, 124  
 The Pew Internet & American Life Project, 186  
 Theanine, 86, 88  
*toadgames.com*, 133–134, 136  
 Tolerance, 9, 29, 40, 45, 137, 145, 172, 177, 179–180, 185, 190, 195–197, 205  
 Tranquilizer, 7, 49–50, 73, 77–78, 98, 137  
 TRANX, 25  
 Triazolam (Halcion), 9, 52–58, 67

Triolo, Luigi, 182  
Trovafloracin, 181

U.S. Chamber of Commerce, 59  
U.S. Food and Drug Administration, 26, 30, 49, 52–57, 59, 62–67, 99, 109, 112–117,  
120, 162–163, 183–184, 192  
Uhlenhuth, Dr. E.H., 29  
United Kingdom, 10, 19, 25–26, 30, 51, 55, 59, 147  
United States, 2, 10, 24, 26, 30, 49, 51–52, 59, 66, 68–69, 109, 115–116, 159, 163  
University of Maryland Medical Center, 190  
Upjohn, 29, 52–56

Valerian, 88  
Venditiogenic Addiction, 121–122  
Vestra, 111  
Viagra, 115  
Vitamin B, 89

Wallace Pharmaceuticals, 49  
Warren, Dr. Robin, 32  
Warren, Luke, 59  
Wellbutrin, 111  
Windows, 2, 42, 150–151, 157, 169  
Withdrawal, 9, 13–14, 25, 28–30, 36–37, 40–41, 45, 73–80, 82–84, 87–89, 92, 94,  
96–97, 103, 127–128, 130, 132–134, 136, 138, 140–144, 146–147, 150–152, 155, 157,  
163–165, 167–181, 184–185, 188–189, 191, 193–200, 203, 205–207  
Withdrawal Symptoms, 25, 30, 35, 37, 40–41, 74, 75–80, 82, 84, 87, 96, 152, 164,  
165–168, 172–174, 180, 184, 188–189, 191, 194, 196, 200, 205–207  
Woo, Dr. Theresa, 52  
Word Jumble, 135  
Word Noodle, 134  
Work, David R., 181

Zocor, 61