



Testimony in Opposition

Senate 1092 and House 3594, An Act relative to benzodiazepines and non-benzodiazepine hypnotics

September 12, 2017

Mental Health, Substance Use and Recovery Committee

Thank you for the opportunity to testify today, I am Edward Silberman, MD, Vice-Chair of Psychiatry Tufts Medical Center and Professor of Psychiatry Tufts University School of Medicine. I am also an officer of the Massachusetts Psychiatric Society.

The Massachusetts Psychiatric Society represents over 1700 member psychiatrists in Massachusetts, we are physicians who are committed to providing outstanding medical/psychiatric care through accurate diagnosis and comprehensive treatment of mental illnesses and substance use disorders.

The Massachusetts Psychiatric (MPS) Society strongly opposes passage of ***Senate 1092 and House 3594, An Act relative to benzodiazepines and non-benzodiazepine hypnotics***

I am here today to speak for my patients who have needlessly been crippled by anxiety disorders because they could not find a doctor who would prescribe benzodiazepine medications. These medications are highly effective, safe, and well-tolerated for the vast majority of patients who might benefit from them. They are the most effective known treatment for panic attacks. But there is a great deal of misunderstanding about them, and nobody has promoted them since Big Pharma abandoned them decades ago.

Many people believe that benzodiazepines are highly addictive. For patients who are not substance abusers – the vast majority of patients - this is simply not true. These medications do not induce euphoria; in blind ratings of drug impact, people generally cannot distinguish benzodiazepines from placebo. The American Psychiatric Association published an entire book reviewing the scientific literature on abuse potential of benzodiazepines. They found such potential to be very low, as I have in my own practice.

A second concern is that benzodiazepines may cause cognitive impairment. This potential has been recognized for decades, and is of particular concern in elderly patients and those with brain pathology. Other patients rarely notice any impairment in memory, attention, or thinking when taking benzodiazepines, especially compared to what their anxiety itself may cause. In those few patients who develop forgetfulness or confusion, the symptoms abate after the medication is stopped.

Last year in this venue I heard many descriptions of people who had developed horrible, long-lasting impairments after taking benzodiazepines. We need to better understand how and in whom such outcomes ever happen. But whatever the cause, they are extremely rare. In 40 years of psychiatric practice I have not seen a single patient suffer such consequences, have not heard a single colleague present such a case, and have not read a single journal article describing such an outcome. Unfortunately, the many people who have benefitted from these medications are less likely to come to a hearing to testify than those who believe they have been harmed by them.

If this bill becomes law, it will send a message to doctors and patients that benzodiazepines are uniquely dangerous. This untruth will all but eliminate effective therapeutic use of these medications from psychiatric practice. Psychiatrists will not lose a penny of income from this legislation, but our anxiety disorder patients will lose a major means of restoring their well-being and returning to a functional life. Thank you for your attention.