

BRISTOL & DISTRICT TRANQUILLISER PROJECT ANNUAL REPORT 2014-2015

INTRODUCTION

PROBLEMS WITH BENZODIAZEPINES

- Benzodiazepines are the most commonly prescribed minor tranquillisers and sleeping pills.
- The main ones are Diazepam (Valium), Temazepam, Nitrazepam (Mogadon) and Lorazepam (Ativan).
- They are highly addictive drugs, and their side-effects and withdrawal symptoms can lead to breakdown and temporary mental illness.
- There were 10.7 million prescriptions of benzodiazepines by community pharmacists in 2013 in England alone.

Benzodiazepines were prescribed by doctors from the early 1960's, when they were unaware of the dependence potential. In January 1988 the Committee on Safety of Medicines issued an advice note to all doctors, stating that benzodiazepines were indicated only for 2 -4 weeks and only for severe anxiety or insomnia. The message has been reinforced by regular warnings from Chief Medical Officers since then.

There are estimated to be around 1½ million people in England taking benzodiazepines regularly, most of whom are undoubtedly addicted. Around a third of patients are still being prescribed benzodiazepines for longer than the 2 – 4 week guideline, despite continued warnings from the Department of Health.

No effective national campaign has ever been undertaken to help people withdraw from these drugs. Bristol is one of the few areas in the country to acknowledge and try to remedy the situation and deserves huge credit for this.

PROBLEMS WITH OTHER PRESCRIBED PSYCHOTROPIC MEDICATION

There has been a rapid increase in recent years in the prescribing of psychotropic medication other than benzodiazepines, especially of antidepressants:

- Prescribing of antidepressants has quintupled over the past 20 years.

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- In 2014 over 57 million prescriptions for antidepressants were issued by community pharmacists in England. This represents a 7.5% increase since 2013.
- It has been estimated that over 4 million people in England are taking antidepressants regularly.
- The cost to the NHS of antidepressants was £282 million in 2012/3.
- The Uppsala Monitoring Centre database lists 3 SSRI antidepressants – Prozac, Seroxat and Sertraline – amongst the 30 highest-rating drugs for dependency.
- There has also been a big increase over the past 15 years in the prescribing of the newer sleeping pills such as Zopiclone, Zolpidem and Zaleplon. GPs issued over 10 million prescriptions for sleeping pills in 2011. Roughly half of these were for the ‘Z’ drugs and half for benzodiazepines.

These newer drugs can cause side-effects and withdrawal symptoms that are every bit as bad as those caused by benzodiazepines. New guidelines for the prescribing of antidepressants were issued by the National Institute of Clinical Excellence (NICE) in December 2004. These urged GPs not to prescribe antidepressants to people with mild to moderate depression unless all other treatments failed.

OBJECTIVES OF THE PROJECT

1. To assist those involuntarily addicted to benzodiazepines to understand and cope with their addiction, to plan and make a safe withdrawal where appropriate and to lead normal lives without recourse to any psychotropic medication.
2. To help those taking other prescribed psychotropic medication to come off this medication where appropriate.
3. To inform, advise and support the families and friends of those affected.
4. To inform and advise those professionally involved in the problems of prescribed psychotropic medication addiction.

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SERVICES PROVIDED BY THE PROJECT

1. One-to-one prescribed drugs counselling especially for those new to the Project and those undergoing particular difficulty.
2. Withdrawal groups at the Project led by counsellors but with a strong user involvement.
3. Outreach withdrawal groups in Knowle and Southmead.
4. Drop in availability at the Project for those in particular need.
5. A help-line open 4 days a week.
6. A programme of visits, talks, workshops, seminars etc for doctors and other professionals within the Bristol area.

THE WAY THE PROJECT WORKS

The Project provides a safe, supportive atmosphere where people can discuss the problems caused by involuntary benzodiazepine addiction or by other prescribed psychotropic medication with our prescribed drugs counselling staff and volunteers.

At initial meetings clients come to understand better the symptoms caused by long-term dependence on benzodiazepines or other prescribed drugs and usually start to consider withdrawing from the medication. No-one is pressurised to withdraw, but they are encouraged to do so, and the majority of the counselling staff and volunteers are living proof that such withdrawal is possible. The doctor's permission is always sought before embarking on a withdrawal programme.

New clients are also encouraged to participate in withdrawal groups where they can share experiences and information with those who are undergoing the same withdrawal process. Once the clients have started to withdraw they are encouraged to take control of their own withdrawal programme by deciding when and how much to withdraw. Our counselling staff are always on hand to discuss and advise on their withdrawal programme.

The Project's philosophy is that withdrawal from benzodiazepines or other prescribed psychotropic medication should be gradual and clients are advised initially on how to plan a sustainable programme which does not overload them.

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Clients are supported throughout the withdrawal process, and also for a considerable length of time after withdrawal. Many clients have taken benzodiazepines or other psychotropic medication for much of their adult lives. Recovery is usually gradual and many life skills need to be learned or relearned. In some cases clients may participate in the work of the Project as volunteers after withdrawal. This often assists those who have been out of work for some time to develop the skills and discipline needed for a return to full-time work outside the Project

COMMITTEE, STAFF AND VOLUNTEERS

The Project puts the highest emphasis on personal experience of the effects of psychotropic medication. The majority of our staff, volunteers and Committee have considerable first-hand experience of the effects of benzodiazepines and other psychotropic drugs. Many of our staff have worked in the field of prescribed drug addiction for over 20 years and they have built up considerable expertise on a wide variety of prescribed psychotropic drugs. Our patron, Professor Ashton, is an internationally respected expert on both benzodiazepines and antidepressants and she provides the Project with invaluable professional advice on these drugs.

CHAIRMAN'S REPORT

This has been a highly eventful year for the Project. I have been Chair for four years and this is by far the most pressurised year so far.

In particular, the Project was involved in moving offices during the latter part of the year, which proved very difficult at every stage. Huge credit is due to the office staff, especially Jayne and Bianca, for all the hard work they put in to ensure that the move actually happened. I know that it was a nightmare for much of the time, and it is remarkable that they both managed to effect the move and also managed to retain their sanity.

In addition, the Project helped record numbers of clients during the year. This is a superb result by the staff, considering the time taken up by the upheaval of the move. Prescribing of psychotropic drugs, especially antidepressants, is continuing to rise at an alarming rate. Other centres of expertise have been closing, so that the calls on the Project's time and resources are increasing and will continue to increase in future.

So, very many thanks are due to the staff for their outstanding performance this year. I would also like to thank them and the other committee members for their continued support of me as Chair. I am pleased and proud to be involved with such a worthwhile and successful organisation.

Jacquie Jones
Chairman

PROJECT REPORT

INTRODUCTION

The Project again made excellent progress during the year. Overall numbers of clients helped were at a record level, with another large rise in the number of helpline clients. There were no staff changes, but two long-standing members left the Committee, with one new member joining in September and another in April. Our funding from the Bristol Clinical Commissioning Group continued as before and we worked closely with our link officer during the year.

EXECUTIVE COMMITTEE

We were very sorry to lose two stalwarts of the Committee during the year. Jocelyn Mignott was a founding member and a vice chair for the past 19 years. She was hugely helpful to us in setting up the Committee and a valuable source of advice, especially in the early years. We were also extremely sorry to lose William Liew from the Committee. He had been our Treasurer for over 5 years and had kept an ever watchful eye on our finances over that time. He also attended Committee meetings regularly over that time and was a great source of advice and support over the period. We wish him and Jocelyn well for the future.

We were delighted that Maureen O'Connor agreed to join the Committee in September 2014, and to take on the role of Treasurer. Mo has huge experience of the work of the Project, as an admin worker over many years, including dealing with day-to-day financial matters. We cannot imagine anyone else better suited to the role.

After the end of the year we were also extremely pleased that Polly Drew agreed to join the Committee. Polly has been a client and volunteer with the Project over several years. She not only has a sound knowledge of the drugs we deal with and the withdrawal symptoms they provoke, but has an empathy with our clients that will be of great value to us on the Committee. She joined the Committee officially on 11 April 2015.

We were fortunate that the other members of the Committee continued to serve during the year. Particular thanks are once again due to Jacquie Jones for continuing to serve as Chair throughout the year, taking Committee meetings and offering valuable advice and support. Our thanks are also due to all the other members of the Committee for their interest in our work and their continued support during the year.

STAFF AND VOLUNTEERS

There were no changes to the staff or their roles this year, for the fourth year running. This continuity was particularly valuable during an extremely busy year with staff at times stretched to the limit by pressure of work.

Jayne Hoyle continued as Project Manager, supervising the Project's work, liaising with the Clinical Commissioning Group and dealing with the annual outcomes questionnaire. She continued to suffer from ill-health and underwent an operation in May, which resulted in her being out of the Project till August. We are delighted to say that the operation was a success and she was soon undertaking a full workload again on her return. Jayne was back in time to deal with the move to new premises, which dragged on for months, mainly because of changes to our contract and heating system.

Ian Singleton continued to provide overall statistics on clients and their medication and drew up our Annual Report as usual for the Bristol Clinical Commissioning Group, with the exception of outcomes. He also ran the withdrawal support group at Knowle. Roy Jones continued to look after the Helping Older People scheme and ran the withdrawal support group at Southmead. Roy and Ian again took the majority of helpline calls during the year. The Admin staff continued to do essential work in keeping the work of the Project ticking over. Iris continued to deal with emails, correspondence and reports. She also wrote excellent informative newsletters and carried out the organisation of the Annual General Meeting once again. Bianca continued to look after all the day to day financial matters, including dealing with the utility companies. She was also hugely helpful in sorting out problems with the computer and telephone systems.

Tom Jones was again our most regular volunteer, helping with computer work and a wide range of other jobs in the Project. We are again extremely grateful for his loyalty and continued support. We would also like to thank Bridget Cox for the many afternoons she came into the Project to answer helpline calls and also Rose Ashley for coming in to help us during last summer. We are always looking for more volunteers to help us, especially with our helpline work.

CLIENTS

(a) General

- Over the past 12 months we helped 38 clients at the Project, 7 at Knowle, 7 at Southmead, 222 over the telephone helpline and 8 by email, a total of 282.

REVIEW OF THE YEAR 2014-2015

- 33 of those seen at the Project commenced withdrawal (87%), as did 14 of those in the outreach groups (100%), 178 of those in touch by helpline (80%) and 5 of those in touch by email (63%). In all 230 out of 282 commenced withdrawal (82%).
- Of the 52 clients seen face to face, 18 were referred to us by their doctor, 4 by other agencies and the remainder were self-referred.
- We had a total of 176 new clients during the year of whom a majority were helpline clients.

(b) Medication

- 97 clients came off benzodiazepines completely
- 57 came off antidepressants
- 8 came off non-benzodiazepine sleeping pills
- 113 came off all their medication.
 - 14 of these were at the Project
 - 5 in the outreach groups
 - 94 of those in touch by helpline

(c) Gender and Age

- Of 52 clients helped face to face 32 were female (62%) and 20 male (38%)
- Of the 222 helpline clients 135 were female (60%) and 87 male (40%)
- Of the email clients 4 were female and 4 male
 - Overall 171 were female (61%) and 111 male (39%)
- Age ranges of those seen face to face
 - 5 were between 20 and 40 (10%)
 - 17 were between 40 and 60 (33%)
 - 30 were over 60 (57%).

HELPLINE

- Over the year a record number of clients were helped via the helpline, 222 as against 198 last year and 175 the previous year.
- A record total of 5760 helpline calls were taken during the year, an average of 480 per month.
- This was a rise of 33% on the previous year, when the total was 4339, an average of 362 per month.

KNOWLE OUTREACH GROUP

Ian Singleton continued to run this group for the people of South Bristol at the Community Health Park in Downton Road, Knowle. All clients made good progress towards withdrawal during the year. The atmosphere of the group continued to be very supportive and helpful.

SOUTHMEAD GROUP

Roy Jones continued to run this group for the people of North Bristol which is based at the New Brunswick Church Hall in Southmead. Steady progress was made by all members towards withdrawal. It is hoped that more clients will be able to attend regularly over the year ahead.

MONITORING AND EVALUATION

Once again we provided detailed outcome measures for the Bristol Clinical Commissioning Group. They show that clients have continued to benefit greatly from their relationship with the Project and are making good progress towards recovery.

HELPING OLDER PEOPLE (HOP) SCHEME

The latest year of the scheme specifically to help more older people involuntarily addicted to prescribed psychotropic medication ran from 1 April 2014 to 31 March 2015. During the year we helped a total of 83 clients, another record. 22 were helped face to face and 61 by the helpline. 54 were female and 29 male. The percentage of clients commencing withdrawal was again around 80%.

We would like to thank the following organisations who helped to fund the HOP scheme during the past year:-

REVIEW OF THE YEAR 2014-2015

The Bristol Masonic Charities
The James Tudor Foundation
The John James Bristol Foundation
The Lark Trust
The Lloyds TSB Foundation
The Sir Jules Thorn Charitable Trust
The Truemark Trust

These provided a total of £25,100. This was at a higher level than in the previous year and covered almost all the costs of the HOP scheme during the year. The HOP scheme is entirely dependent on the funding provided by these charitable trusts and we would like to express our most sincere thanks to all those who funded us during the year.

Visits were paid to the following organisations under the auspices of the scheme, to advertise our services and distribute leaflets:-

Greenway Centre, Southmead
North Bristol Advice Centre, Lockleaze
Rock Community Centre, Lawrence Weston
Southmead Community Centre
St James Church, Lockleaze
St Peter's Church, Henleaze
The Care Forum Bristol
The Prince's Trust Bristol
United Reformed Church, Henleaze
United Reformed Church, Southmead
Upper Horfield Community Centre
The Vassall Centre Bristol

EDUCATION/VISITS

1. We wrote to all General Practitioners, Practice Managers, Mental Health Teams, Pharmacists, Libraries and many other voluntary organisations in the Bristol area with details of our services.
2. We provided particular assistance to 5 GPs on withdrawal from benzodiazepines and antidepressants.
3. We visited local groups, clubs, churches and community centres throughout the year to provide leaflets and information about our services.

MAIN PROJECT FUNDING

This was the second year of receiving our main funding from the Bristol Clinical Commissioning Group (CCG). It was also the twentieth consecutive year of NHS funding. We were again very lucky to have Grace Elias from the CCG as our link officer. She was a constant source of good advice and support. This made a big contribution to the smooth running of the Project.

We would like to thank everyone else, both individuals and organisations who helped to fund main Project activities during the year. Details of many of these are included on the back cover of this Report, but everyone's contribution was valued. Once again we would like to single out the Linnet Trust who provided us with a generous contribution for the fifth year running, a huge bonus both to our funds and our self-confidence. Major donations were also received once again from our patron Professor Heather Ashton, Wessex Water, and the Lloyd Robinson Family Fund and the Needham Cooper Charitable Trust, both via Quartet. These have all been regular funders for many years now and we would like to thank them for their continued support.

One further contributor to whom we owe a particular debt of gratitude is Sarah Doyle who ran a marathon to raise funds for the Project. She raised a total of £74.86 from this a most welcome addition to Project funds.

MEMBERSHIP

Rates for the year remained unchanged, at £30.00 for life membership, £8.00 for waged and £4.00 for unwaged or low waged individuals. At the end of the year we had 100 members of which 69 were lifetime members, 14 full and associate members and 17 honorary members. In all this raised £394.00 for Project funds during the year. We would once again like to take this opportunity of thanking all members for the contributions they made to the wellbeing of the Project.

MOVE

We were informed by the Watts Trust in August 2014 that they intended to sell the building which houses our office and that we would need to move out by April 2015. We were sad to go, partly because the offices suited us but also because of the excellent relationship we had built up with the owners, the Watts Trust. We had been in these premises for nearly 14 years. The task of organising the move fell largely on Jayne. We identified new offices in Westbury-on-Trym that suited our purposes but negotiations dragged on over months, partly because of changes to the central heating system. Finally everything was agreed in April 2015 and we moved in on 28 May 2015.

THE DEATH OF JIM DOBBIN MP

We were very sorry to learn of the death of Jim Dobbin MP in September 2014. Jim had been a stalwart fighter for the rights of people involuntarily addicted to benzodiazepines for many years. He had headed up the All Party Parliamentary Group on Involuntary Tranquilliser Addiction for many years, and had received recognition for his work from many quarters, not least the Prime Minister at Prime Minister's Questions. He leaves a gap in the House of Commons which will be hard to fill.

JIM DOBBIN'S LETTER TO MINISTER OF STATE ABOUT THE INCREASE IN PSYCHOTROPIC DRUG PRESCRIPTIONS IN 2013

Jim Dobbin kept up the pressure on Health Ministers throughout the final years of his life.

In his letter to Health Minister Jane Ellison of 4 April 2014 Jim pointed out that the combined total for tranquilliser and antidepressant prescriptions increased in 2013 from 67.3 million to 70.2 million. He said:-

- (a) established patients who have been prescribed tranquillisers long-term are being left on them and there are no withdrawal facilities for involuntary tranquilliser addicts,*
- (b) the increase of 3 million prescriptions equates to approximately 250,000 new patients being initiated into antidepressant use'*

Jim concluded that the coalition's addiction to medicines strategy has failed, and that the coalition does not understand the modern concept of treating the whole person with an integrated health and social care system.

He concluded:

'The social cost of the iatrogenic illness generated by these prescriptions is enormous in the cost of DWP benefits, NHS visits for drug side effects, emergency hospital admissions for tranquillisers and antidepressants, which are sixteen times those of heroin and cocaine combined

ANNUAL REPORT OF THE NHS HEALTH AND SOCIAL CARE INFORMATION CENTRE

The first annual report of the Health and Social Care Information Centre in November 2014 revealed that fewer than half of the patients who sought NHS help last year for anxiety and depression received any therapy. While GPs made

883, 968 referrals for psychological support in England in 2012-13, only 434,247 resulted in treatment.

The overall situation for mental health care has worsened. Mental health trusts have lost £250 million in funding since 2012, with the six leading mental health charities warning that these funding cuts

'will put lives at risk'.

There are now 3,640 fewer nurses and 213 fewer doctors than in 2010 and 1,700 beds have been closed.

Paul Farmer, chief executive at MIND, said

'The stigma is leaving mental health, but, compared with physical illnesses such as cancer, it receives almost no money or research. As attitudes shift and more people come forward to seek help, the system will only become overloaded. There are now 50 million prescriptions a year for antidepressants, it has gone through the roof.'

MENTAL HEALTH RESEARCH CALL

The Chief Medical Officer, Professor Sally Davies, has called for more research into mental health in her latest Annual Report of October 2014. The report takes public mental health as its focus, and emphasises throughout the need for more and better data and more funding for mental health research.

The report points out that just 5.5 percent of total UK health research spending in 2009/10 went into mental health, significantly less than the proportion spent on cancer, infections or cardiovascular disease. This is disproportionate to the burden of mental health on the UK economy, the report argues.

The report states that mental illness is the leading cause of sickness and absence in the UK, accounting for 70 million days off work in 2013 and costing the UK economy £70 - £100 billion per year. Despite this high burden of mental ill health there is a significant treatment gap in access to mental health services in England, approximately 75% of people with mental health problems receive no treatment.

DEMISE OF CITA

It was with great sadness that we learned of the winding up of our sister organisation, Council for Involuntary Tranquilliser Addiction (CITA), at the end of March 2015. This was a pioneering organisation founded by Pam Armstrong

28 years ago. Pam died 4 years ago, and CITA's income from contracts had been greatly reduced over recent years. Their staff was accordingly cut from 10 down to just 2, and it was decided that the organisation was no longer viable.

As one of the very few organisations in the UK with the necessary expertise to help people withdraw from prescribed psychotropic medication, it is a total disaster that CITA has been forced to close. Far from increasing the amount of help available to involuntary addicts, it would seem that even less specialised help will be available to these people in the future.

HUGE INCREASE IN PRESCRIPTION OF ANTIDEPRESSANTS WORLDWIDE

In April 2014 the World Health Organisation warned that prescription levels for antidepressants have

'gone through the roof'.

Figures from the Organisation for Economic Cooperation and Development (OECD), show that in the past decade, use of antidepressants had doubled in the UK, with 71 daily doses for every 1,000 people – compared with 38 daily doses a decade ago. In France and Germany the current figures is 50 doses a day, in Italy it is 42 doses a day.

Joanna Moncrieff, Consultant Psychiatrist at North East London NHS, said she was concerned that society was becoming dependent on medication. She continued

'Being depressed from time to time is a universal human experience. Diagnosing people with a medical disorder and prescribing a pill may appear to offer an easy answer, but in reality it stores up more problems than it solves.'

'By encouraging people to view their difficulties as a disease, which is outside their control, antidepressants may make people less confident to manage their problems in the long run. As a society our dependence on antidepressants makes us less resilient and less resourceful in the face of the challenges of modern living.'

LAUNCH OF COUNCIL FOR EVIDENCE-BASED PSYCHIATRY (CEP)

The new Council for Evidence-Based Psychiatry, to which the Project is affiliated, was launched in April 2014, to educate the public about the risk of antidepressants.

A keynote speech was given by Professor Peter Gotzsche, co-Founder of the Cochrane Collaboration, an international non-profit organisation that examines medical data to help doctors and patients reach informed conclusions about health. Part of his speech was as follows:-

'My research has led me to the uncomfortable conclusion that these drugs help very few people. They are often being taken needlessly and, in many cases, ruining lives. GPs and psychiatrists hand out these drugs for the most unbelievable reasons – when patients are having marital problems, have failed exams, split up with their boyfriends – occasions that would make anyone feel sad and stressed but don't indicate clinical depression. In such cases, and also in truly depressed patients, the patients will feel better anyway with the passing of time, but doctors and patients attribute their recovery to the antidepressants. When they stop the drugs, withdrawal symptoms will often make them feel bad. This is often misdiagnosed as the depression not being cured, so they are told to continue taking the pills, sometimes for life.'

During his time as an NHS Psychotherapist, Dr James Davies, co-founder of CEP was amazed at how freely antidepressants were handed out. He said:-

'People were being medicated entirely unnecessarily, when they weren't suffering from mental health disorders but from understandable, sometimes even necessary human experience. Although official advice is to prescribe antidepressants in conjunction with counselling, in practice a long waiting list means this rarely happens. It is cheaper and quicker to prescribe antidepressants than investigate the root cause of sadness. The other problem is that mental health practitioners aren't introduced during training to the growing body of critical research on the drugs.'

LATEST PRESCRIPTION FIGURES SHOW HUGE RISE

The latest prescription figures from the Health and Social Care Information Centre show that over 57 million prescriptions were issued for antidepressants in 2014. This represents a rise of 7.5% over 2013, and over 500% since 1992. Recent research indicates that the numbers of prescriptions are rising because more people are taking the drugs for longer.

Dr James Davies commented:-

'More people are taking antidepressants for longer because these drugs cause dependency and people cannot get off. Withdrawal support charities report increasing numbers of people who are unable to withdraw without

suffering severe symptoms which can sometimes last for months or even years after coming off. Urgent action is needed to reduce prescribing levels and to provide proper services for those who wish to come off.'

He continued:-

It is very worrying that each year prescription rates rise at a much faster rate than the population, with a total of around 85 million prescriptions for psychiatric drugs last year in England alone. The evidence clearly shows that long-term use of these medications often leads to worse outcomes for patients, with higher rates of mortality and disability. These drugs should be used much more cautiously, only for short periods and always with a clear plan for tapering off.'

ANNUAL GENERAL MEETING

Our AGM was held on Wednesday 8th October at the British Aerospace Welfare Association (BAWA) Leisure Centre in Southmead. BAWA again very generously waived the fee (£235) for the use of these outstanding premises.

The guest speaker this year was Steve Mowatt, a joint Practice Manager at the Lennard Surgery and the Hillview Family Practice in Hartcliffe. The title of his talk was 'So What is a Practice Manager?' We were very grateful to Steve for stepping into the breach when our original speaker Paul Mugford had to withdraw at the last minute. Steve gave a fascinating talk about the varied work of the Practice Manager. He also described his new role as General and Business Manager for the 2 surgeries. This gave rise to a number of questions, for example about prescribing levels, and animated discussions afterwards.

TARGETS FOR 2015/16

1. To work towards securing long-term NHS funding for the Project.
2. To raise £25,000 for the HOP scheme.
4. To continue our existing helpline, withdrawal groups, drop-ins, assessments and counselling sessions.
5. To advertise our services to health professionals, pharmacists, libraries and voluntary sector organisation in the Bristol area.

Jayne Hoyle
Project Manager

Ian J Singleton
Senior Project Development Worker